
RCRA FACILITY INVESTIGATION REPORT

ORTHO-CLINICAL DIAGNOSTICS RARITAN, NEW JERSEY

Volume 4 of 6
Appendices P - W

Prepared for:

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2 May, 2001
3568402



APPENDIX P

**Borehole Geophysical Logging Results
for MW-1, MW-3, and MW-4**

APPALACHIAN GEOPHYSICAL SURVEYS

276 PA Route 366-Mamont
Apollo, Pennsylvania 15613
Telephone (412) 327-8119
(800) 653-8119

BOREHOLE VIDEO RECORD

Client: McLaren/Hart
Site: ODC RAIRTON

CAMERA CONFIGURATION

View: Axial
Lights: Strut
Compass: Attached

Hole#: MW-1
Date: July 27, 1998

DEPTH in ft. -

PRELIMINARY FIELD OBSERVATION

0.0	Top of steel casing.
21.9	Bottom of steel casing.
28.1	Possible healed Joint, East borehole.
31-32.2	Possible Joint toe, with breakout, SW borehole.
33.2	Possible Fracture toe, strike East-West, near vertical, SE borehole.
34.1-34.7	Possible Joint intersection, NE dip, nose SW borehole, toe NE borehole
35.1-40.0	Possible Joint intersection, apparent partial void, 1) Joint striking North-South, 2) striking East-West, moisture increases, water running down hole.
44.9-46.0	Possible healed Joint, high angle dip to NW, nose SE borehole, toe NW borehole.
47.7-48.9	Possible vertical Joint, strike East-West, apparent breakout.
50.5	Possible healed Joint, strikes North-South, West borehole.
50.7	Possible Fracture toe, South borehole.
57.7	Possible healed Joint, dip to West, NE borehole.
62.5	Water level.
70.1	Possible shadow, SE borehole.
74.0	Possible healed Fracture nose, West borehole, toe ESE borehole.
81.5	Possible Bedding Plane.
82.0-82.7	Possible healed Bedding Plane.
87.0	Possible rough Bedding plane, East borehole.
88.1	Possible Joint intersection, 1) Strikes NNW-SSE, 2) Strikes NE-SW, NE borehole, possible breakout.
96.4	Bottom of hole, end video logging.

APPALACHIAN GEOPHYSICAL SURVEYS

276 PA Route 366-Mamont
Apollo, Pennsylvania 15613
Telephone (412) 327-8119
(800) 653-8119

BOREHOLE VIDEO RECORD

Client: McLaren/Hart
Site: ODC RAIRTON

Hole#: MW-3R
Date: July 27, 1998

CAMERA CONFIGURATION

View: Axial
Lights: Strut
Compass: Attached

DEPTH in ft. -

PRELIMINARY FIELD OBSERVATION

0.0	Top of steel casing.
7.0	Possible casing joint.
28.2	Bottom of steel casing, borehole wall becomes damp.
39.5-40.3	Possible Fracture, SW borehole, increase in moisture.
49.5-50.3	Possible partial healed.
56.0	Possible water level
64.0	Possible Bedding Plane.
70.0	Possible Bedding Plane.
76.0	Possible Bedding Plane.
85.0	Possible Joint Plane.
88.0	Possible Bedding Plane.
92.0	Possible Joint.
99.0	Possible Joint.
109.0	Possible Joint.
110.0	Possible Bedding Plane.
117.0	End video logging.
118.0	Bottom of hole.

APPALACHIAN GEOPHYSICAL SURVEYS

276 PA Route 366-Mamont
Apollo, Pennsylvania 15613
Telephone (412) 327-8119
(800) 653-8119

BOREHOLE VIDEO RECORD

Client: McLaren/Hart
Site: ODC RAIRTON

Hole#: MW-4R
Date: July 28, 1998

CAMERA CONFIGURATION

View: Axial
Lights: Onboard
Compass: Attached

DEPTH in ft. _

PRELIMINARY FIELD OBSERVATION

Note: Video run with black and white camera.

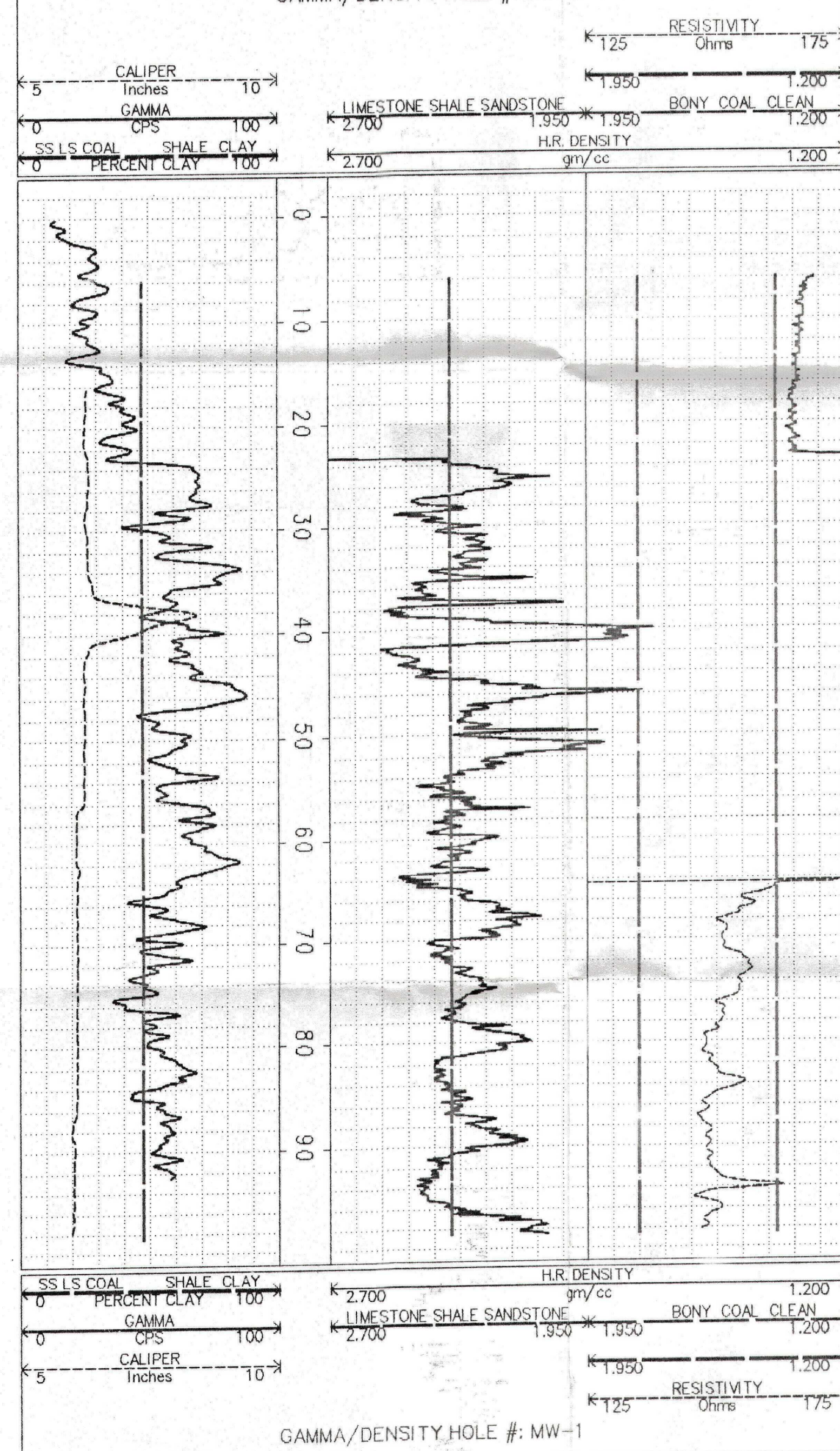
0.0	Top of steel casing.
27.0	Possible bottom of steel casing.
35.0	Possible roughness.
40.0	Possible roughness.
42.0	Possible Fracture intersection, with breakout.
50.0	Possible Fracture
55.0	Possible Joint.
58.0	Possible water level.
59.0	Possible shadow.
65.0	Possible dipping Joint plane.
70.0	Water becomes cloudy
78.0	Possible healed Fracture.
123.0	Bottom of hole, end video logging.

COMPANY: McLARAN/HART	OPERATOR: CBC	LOCATION:
CLIENT REP: SCOTT ALDERFER	COUNTY: Somerset	
DEPTH DRILLER: LOGGER: 99'	STATE: NJ	DRILLING CO:
ELEVATION:	DRILLING FLUID: Air	DRILLER:
BIT SIZE:	WATER LEVEL: 65'	DATE LOGGED: July 29, 1998
CASING (FR. LOG): 23'		
CASING DIAMETER: 6.0"		

RUN #	LOG	INTERVAL	RANGE	SCALE	SOURCE SPACING	EXPANDED ZONES:
3	CALIPER	23-98'	1 in/in			
4	NAT. GAMMA	0-93'	100 CPS/2			
4	HR DENSITY	23-99'	1.5g/cc/6		Am241 0.5 in.	
2	RESISTANCE	65-98'	50 ohm			

COMMENTS: DATUM IS TOP OF STEEL CASING.

GAMMA/DENSITY HOLE #: MW-1

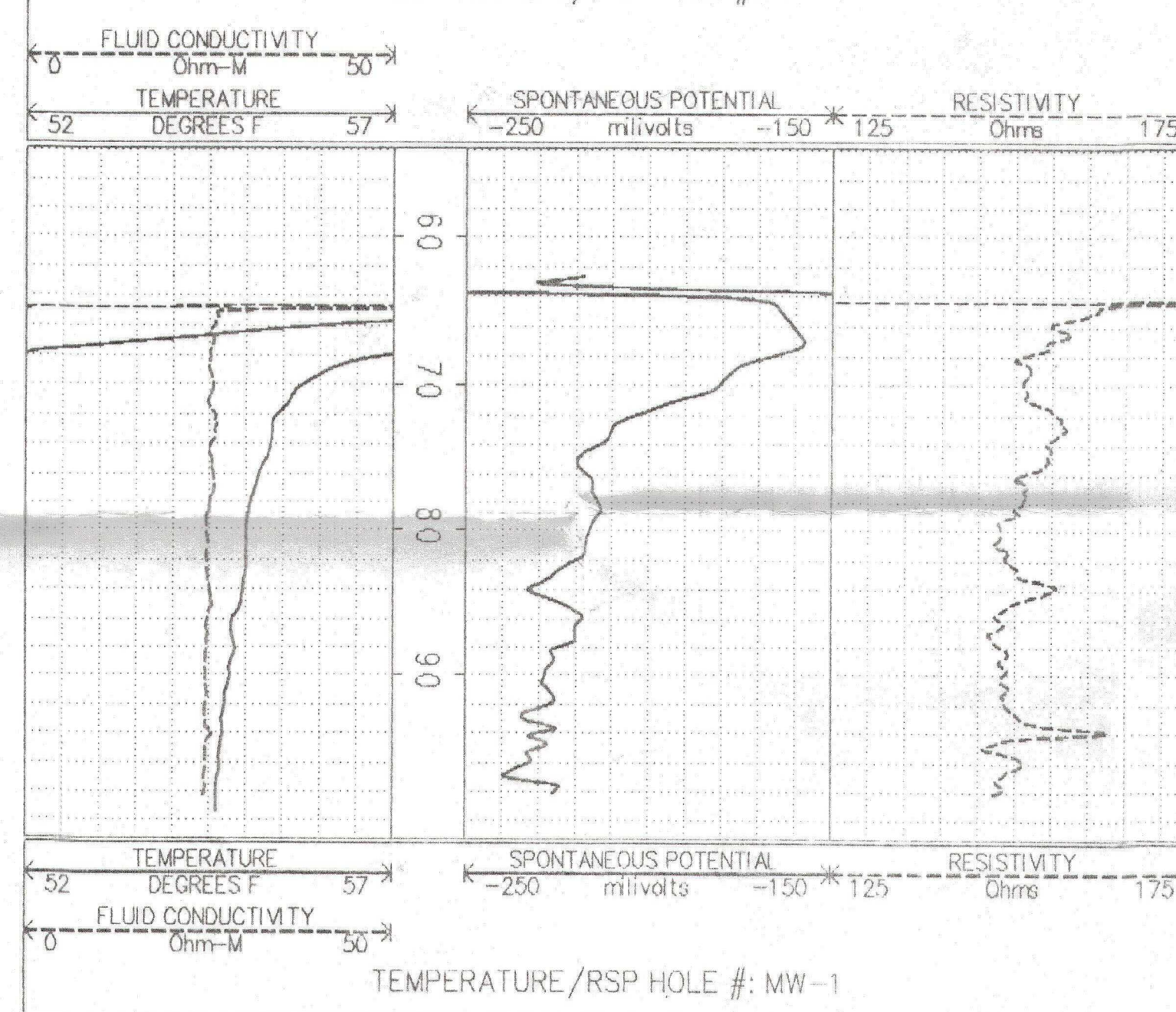


COMPANY: McLARAN/HART	OPERATOR: CBC	LOCATION:
CLIENT REP: SCOTT ALDERFER	COUNTY: Somerset	
DEPTH DRILLER: LOGGER: 99'	STATE: NJ	DRILLING CO:
ELEVATION:	DRILLING FLUID: Air	DRILLER:
BIT SIZE:	WATER LEVEL: 65'	DATE LOGGED: July 29, 1998
CASING (FR. LOG): 23'		
CASING DIAMETER: 6.0"		

RUN #	LOG	INTERVAL	RANGE	SCALE	SOURCE SPACING	EXPANDED ZONES:
1	TEMPERATURE	65-99'	5 Deg F			
1	FLUID COND	65-98'	50 Ohm-M			
2	RESISTIVITY	65-98'	150 ohm			
2	S.P.	65-98'	100 mV			

COMMENTS: DATUM IS TOP OF STEEL CASING.

TEMPERATURE/RSP HOLE #: MW-1

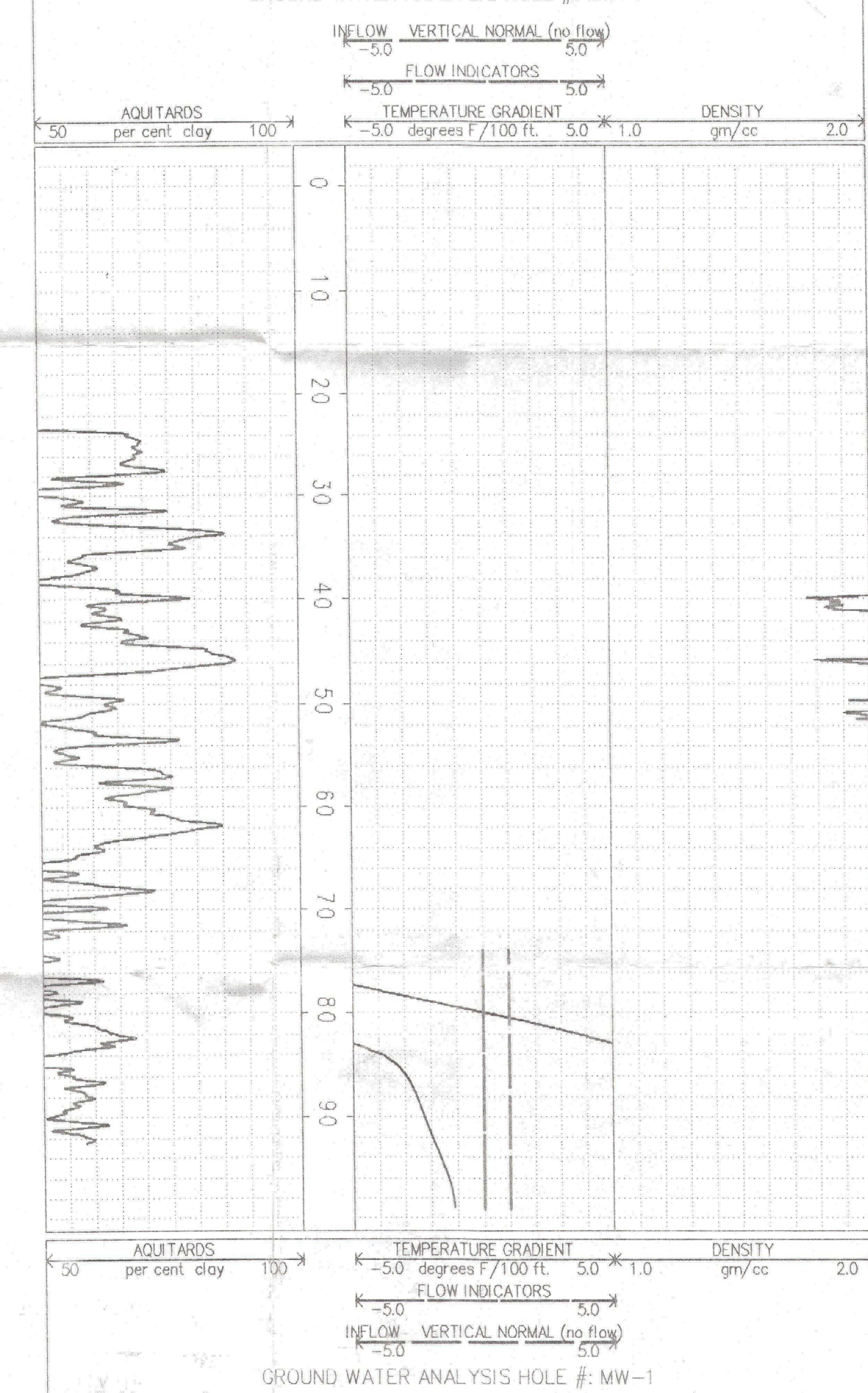


COMPANY: McLARAN/HART	OPERATOR: CBC	LOCATION:
CLIENT REP: SCOTT ALDERFER	COUNTY: Somerset	
DEPTH DRILLER: LOGGER: 99'	STATE: NJ	DRILLING CO:
ELEVATION:	DRILLING FLUID: Air	DRILLER:
BIT SIZE:	WATER LEVEL: 65'	DATE LOGGED: July 29, 1998
CASING (FR. LOG): 23'		
CASING DIAMETER: 6.0"		

RUN #	LOG	INTERVAL	RANGE	SCALE	SOURCE SPACING	EXPANDED ZONES:
1	TEMPERATURE	65-99'	0.050 f			
4	HR DENSITY	23-99'	1.5g/cc/1 SEC		Am241 0.5 in.	
4	NAT. GAMMA	0-93'	50 CPS			

COMMENTS: DATUM IS TOP OF STEEL CASING.

GROUND WATER ANALYSIS HOLE #: MW-1



COMPANY: McLARAN/HART	OPERATOR: CBC	LOCATION:
CLIENT REP: SCOTT ALDERFER	COUNTY: Somerset	
DEPTH DRILLER: 123'	STATE: NJ	DRILLING CO:
ELEVATION:	DRILLING FLUID: Air	DRILLER:
BIT SIZE:	WATER LEVEL: 58'	DATE LOGGED:
CASING (FR. LOG): 27'		July 29, 1998
CASING DIAMETER: 6.0"		

RUN #	LOG	INTERVAL	RANGE	FILTER	SOURCE	SPACING
3	CALIPER	27-122'	1 in/in			
4	NAT. GAMMA	0-117'	100 CFS2		NATURAL	
4	HR DENSITY	27-123'	1.5g/cc	6	Am241	0.5 in.
2	RESISTANCE	58-123'	200 ohm			

EXPANDED ZONES:
SCALE: 1 INCH = 1 FOOT

COMMENTS: DATUM IS TOP OF STEEL CASING.

COMPANY: McLARAN/HART	OPERATOR: CBC	LOCATION:
CLIENT REP: SCOTT ALDERFER	COUNTY: Somerset	
DEPTH DRILLER: 123'	STATE: NJ	DRILLING CO:
ELEVATION:	DRILLING FLUID: Air	DRILLER:
BIT SIZE:	WATER LEVEL: 58'	DATE LOGGED:
CASING (FR. LOG): 27'		July 29, 1998
CASING DIAMETER: 6.0"		

RUN #	LOG	INTERVAL	RANGE	CONDUCTIVITY	SOURCE	SPACING
1	TEMPERATURE	58-123'	5 Deg F			
1	FLUID COND	58-122'	50 Ohm-M			
2	RESISTIVITY	58-122'	200 ohm			
2	S.P.	58-122'	100 mV			

EXPANDED ZONES:
SCALE: 1 INCH = 1 FOOT

COMMENTS: DATUM IS TOP OF STEEL CASING.

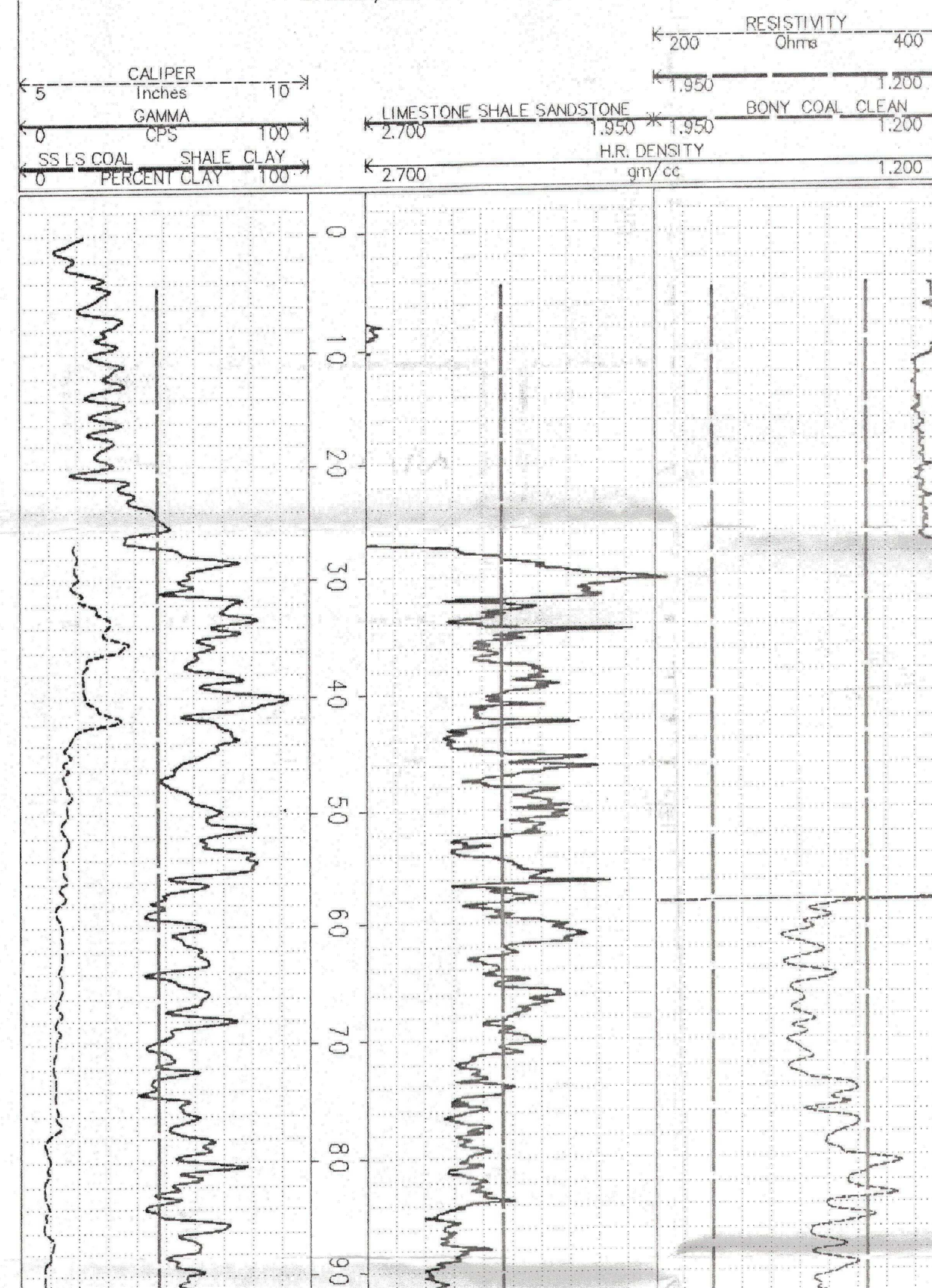
COMPANY: McLARAN/HART	OPERATOR: CBC	LOCATION:
CLIENT REP: SCOTT ALDERFER	COUNTY: Somerset	
DEPTH DRILLER: 123'	STATE: NJ	DRILLING CO:
ELEVATION:	DRILLING FLUID: Air	DRILLER:
BIT SIZE:	WATER LEVEL: 58'	DATE LOGGED:
CASING (FR. LOG): 27'		July 29, 1998
CASING DIAMETER: 6.0"		

RUN #	LOG	INTERVAL	RANGE	CONDUCTIVITY	SOURCE	SPACING
1	TEMPERATURE	58-123'	0.050 /ft			
4	HR DENSITY	27-123'	1.5g/cc	1 SEC	Am241	0.5 in.
4	NAT. GAMMA	0-117'	50 CPS			

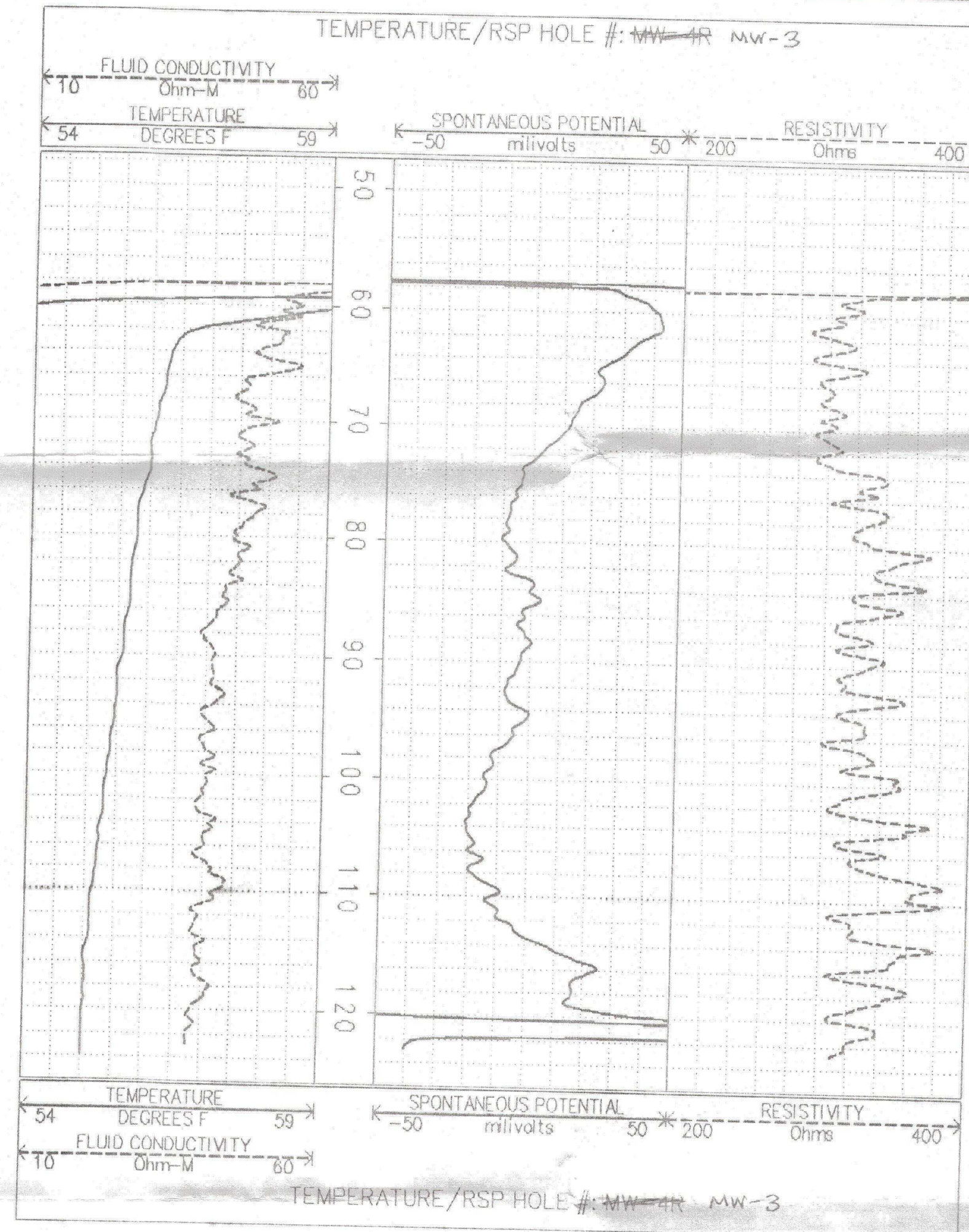
EXPANDED ZONES:
SCALE: 1 INCH = 1 FOOT

COMMENTS: DATUM IS TOP OF STEEL CASING.

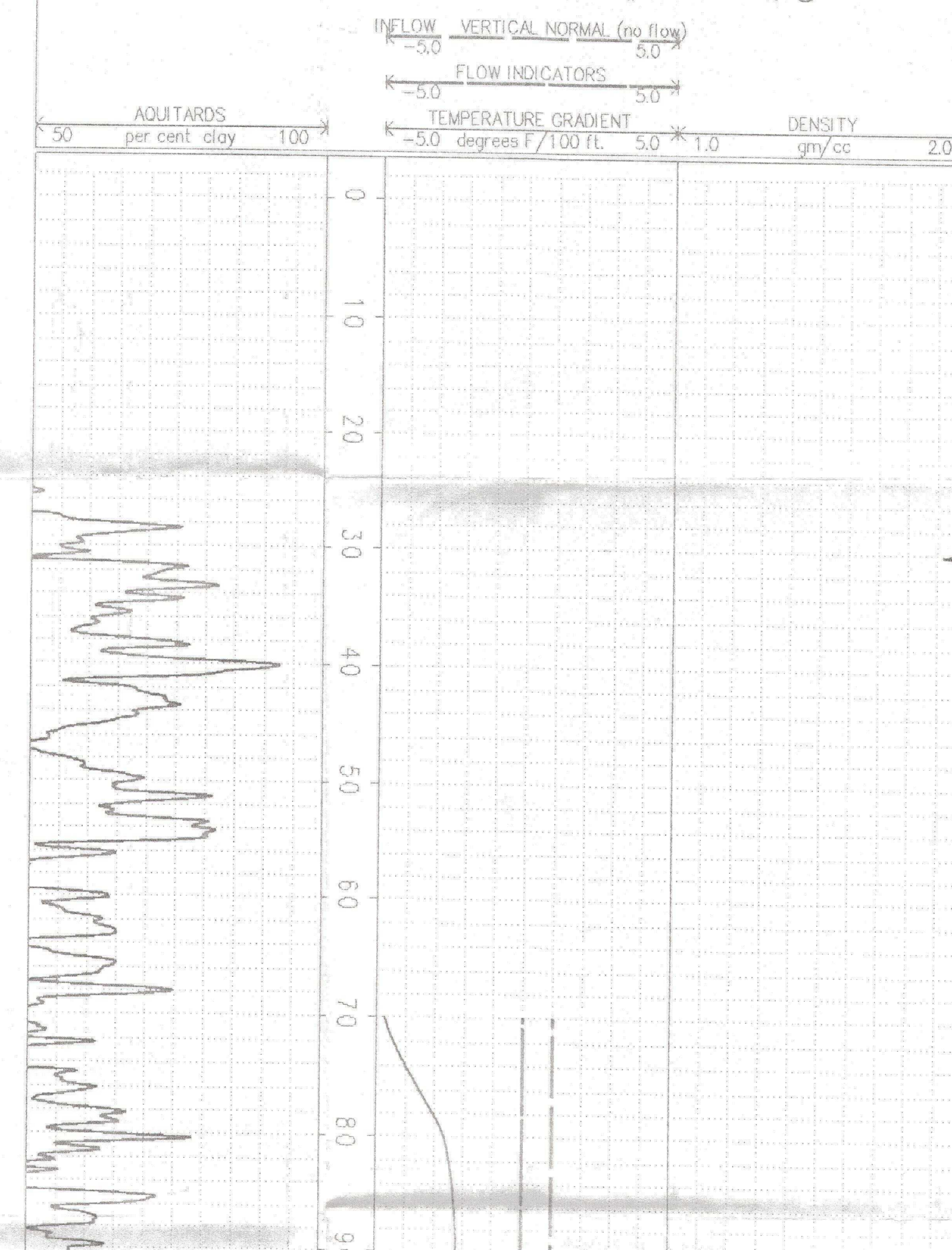
GAMMA/DENSITY HOLE #:~~MW-4R~~ MW-3



TEMPERATURE/RSP HOLE #:~~MW-4R~~ MW-3



GROUND WATER ANALYSIS HOLE #:~~MW-4R~~ MW-3



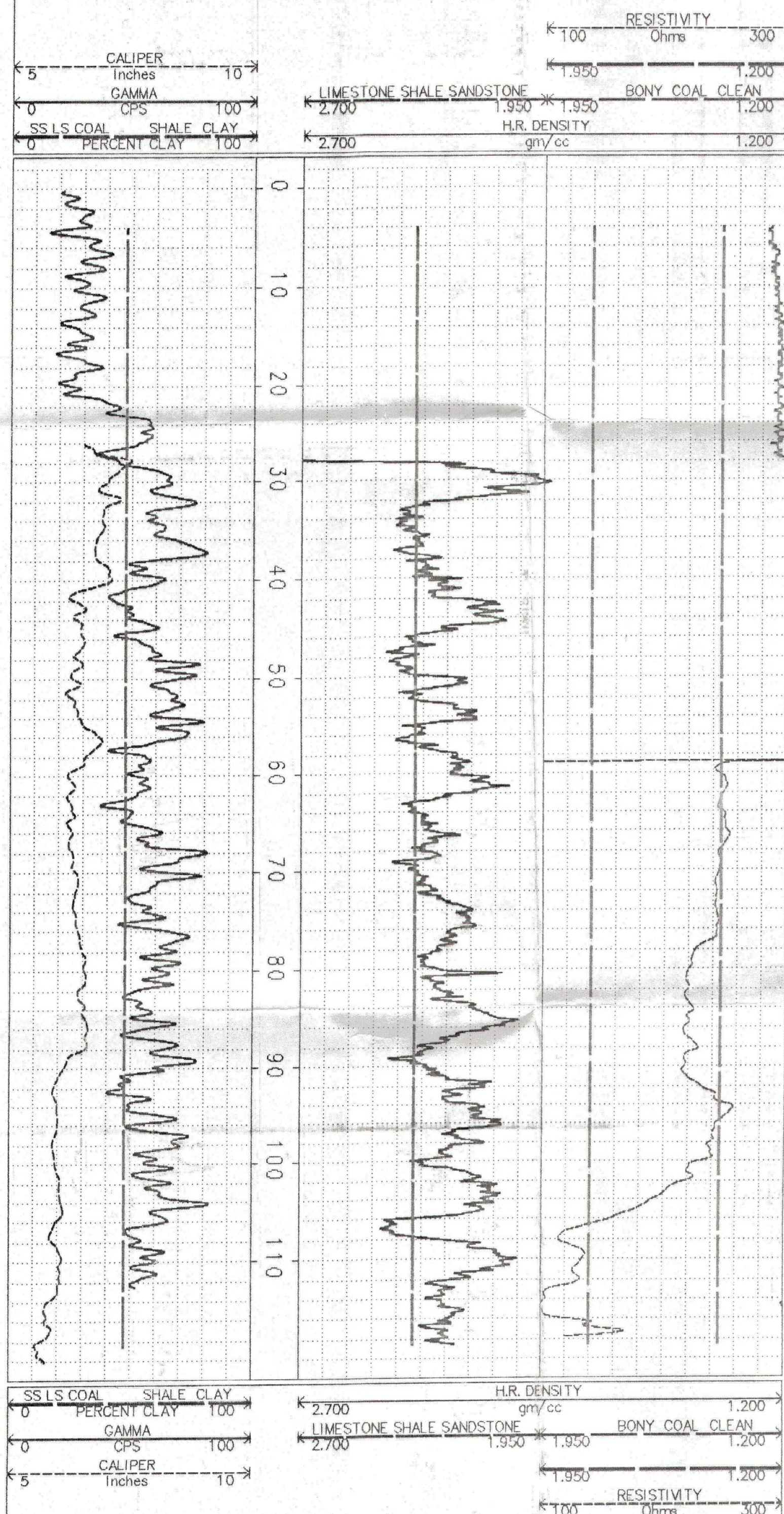
COMPANY: McLARAN/HART	OPERATOR: CBC	LOCATION:
CLIENT REP: SCOTT ALDERFER	COUNTY: Somerset	
DEPTH DRILLER: 119'	STATE: NJ	DRILLING CO:
ELEVATION: 119'	DRILLING FLUID: Air	DRILLER:
BIT SIZE: 28"	WATER LEVEL: 59'	DATE LOGGED:
CASING (FR. LOG): 28"		July 29, 1998
CASING DIAMETER: 6.0"		

RUN #	LOG	INTERVAL	RANGE	YIELD	SOURCE SPACING
3	CALIPER	28-119'	1 in/in		
4	NAT. GAMMA	0-113'	100 CPS	NATURAL	
4	HR DENSITY	28-119'	1.5g/cc	Am241	0.5 in
2	RESISTANCE	59-118'	200 ohm		

EXPANDED ZONES:
SCALE: 1 INCH = 1 FOOT

COMMENTS: DATUM IS TOP OF STEEL CASING.

GAMMA/DENSITY HOLE #: MW-3R MW-4



GAMMA/DENSITY HOLE #: MW-3R MW-4

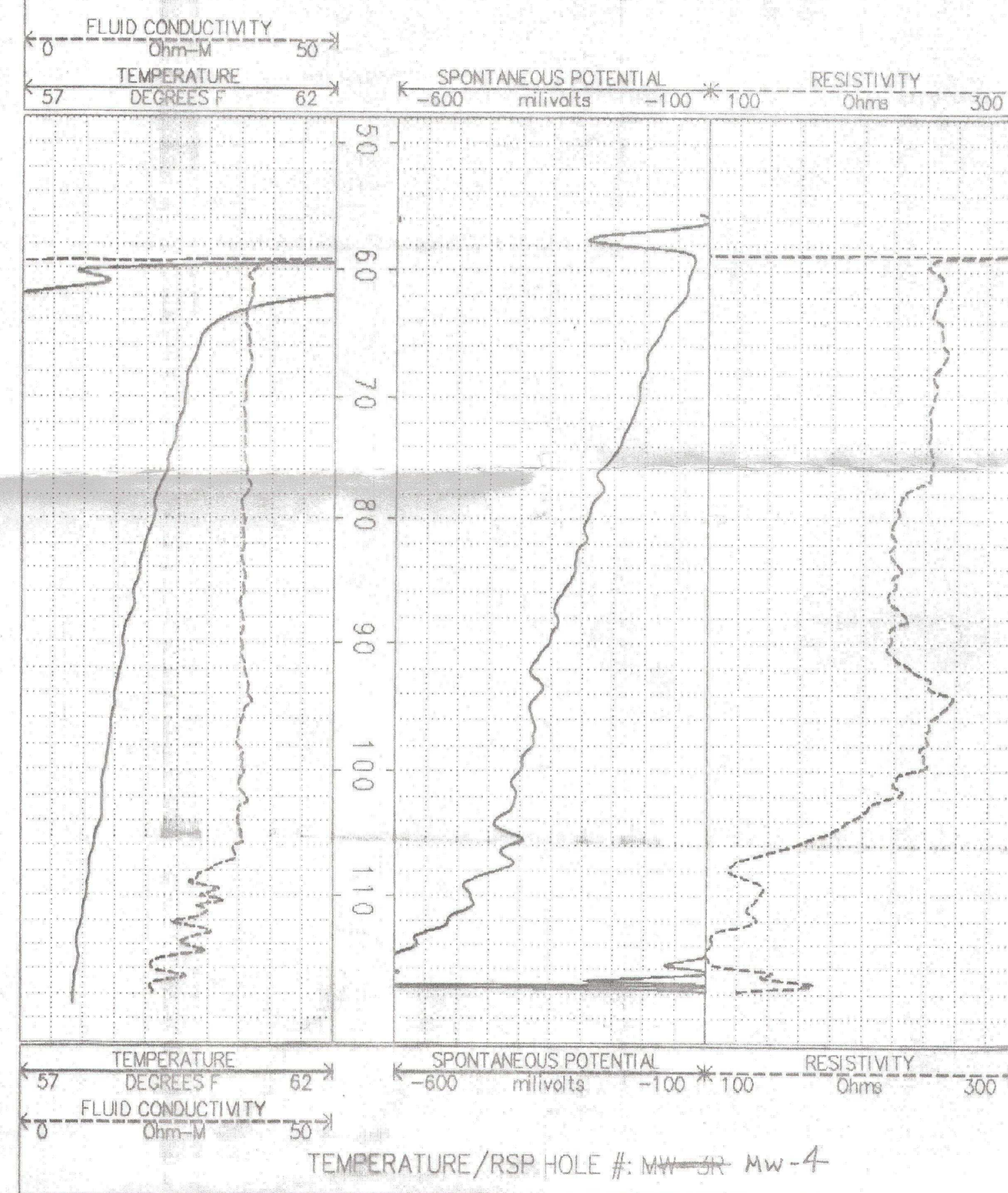
COMPANY: McLARAN/HART	OPERATOR: CBC	LOCATION:
CLIENT REP: SCOTT ALDERFER	COUNTY: Somerset	
DEPTH DRILLER: 119'	STATE: NJ	DRILLING CO:
ELEVATION: 119'	DRILLING FLUID: Air	DRILLER:
BIT SIZE: 28"	WATER LEVEL: 59'	DATE LOGGED:
CASING (FR. LOG): 28"		July 29, 1998
CASING DIAMETER: 6.0"		

RUN #	LOG	INTERVAL	RANGE	YIELD	SOURCE SPACING
1	TEMPERATURE	59-119'	5 Deg F		
1	FLUID CONDT	59-118'	50 Ohm-M		
2	RESISTIVITY	59-118'	200 ohm		
2	S.P.	59-118'	500 mV		

EXPANDED ZONES:
SCALE: 1 INCH = 1 FOOT

COMMENTS: DATUM IS TOP OF STEEL CASING.

TEMPERATURE/RSP HOLE #: MW-3R MW-4



TEMPERATURE/RSP HOLE #: MW-3R MW-4

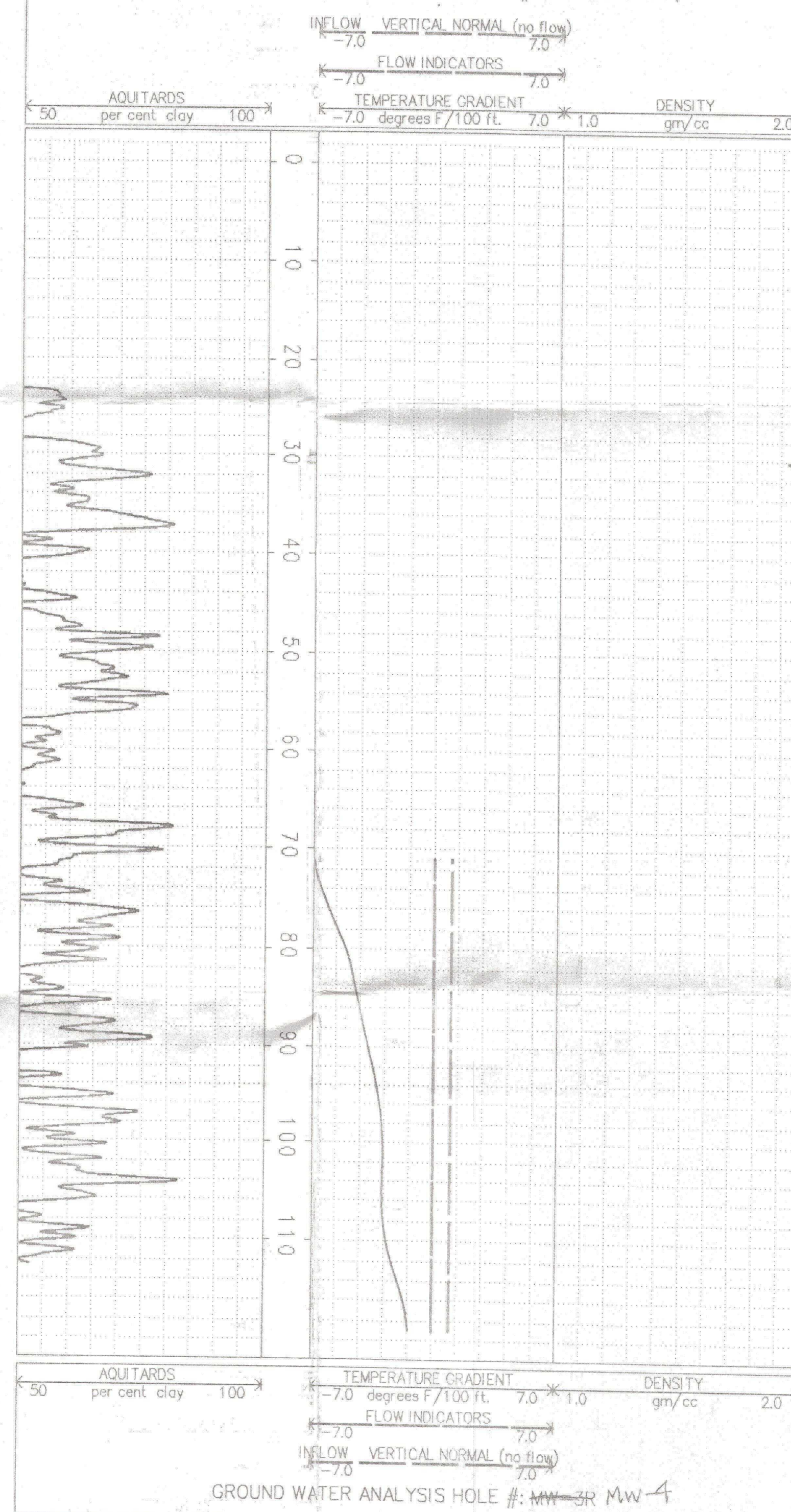
COMPANY: McLARAN/HART	OPERATOR: CBC	LOCATION:
CLIENT REP: SCOTT ALDERFER	COUNTY: Somerset	
DEPTH DRILLER: 119'	STATE: NJ	DRILLING CO:
ELEVATION: 119'	DRILLING FLUID: Air	DRILLER:
BIT SIZE: 28"	WATER LEVEL: 59'	DATE LOGGED:
CASING (FR. LOG): 28"		July 29, 1998
CASING DIAMETER: 6.0"		

RUN #	LOG	INTERVAL	RANGE	YIELD	SOURCE SPACING
1	TEMPERATURE	59-119'	5 Deg F		
4	HR DENSITY	28-119'	1.5g/cc	1 SEC	
4	NAT. GAMMA	0-113'	100 CPS	Am241	0.5 in

EXPANDED ZONES:
SCALE: 1 INCH = 1 FOOT

COMMENTS: DATUM IS TOP OF STEEL CASING.

GROUND WATER ANALYSIS HOLE #: MW-3R MW-4



GROUND WATER ANALYSIS HOLE #: MW-3R MW-4

APPENDIX Q

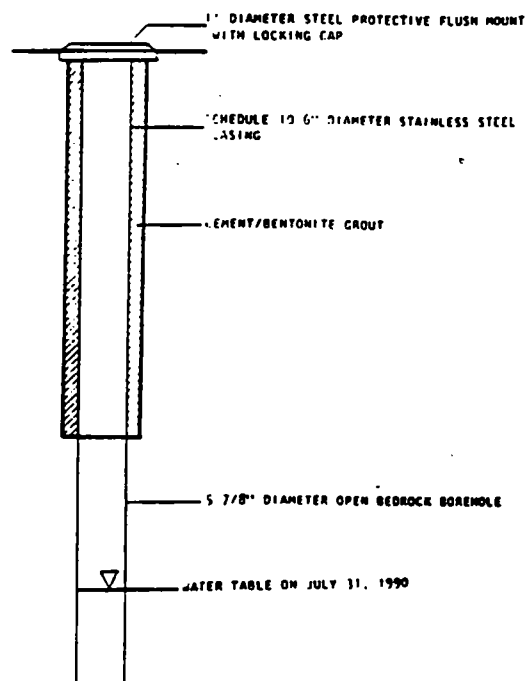
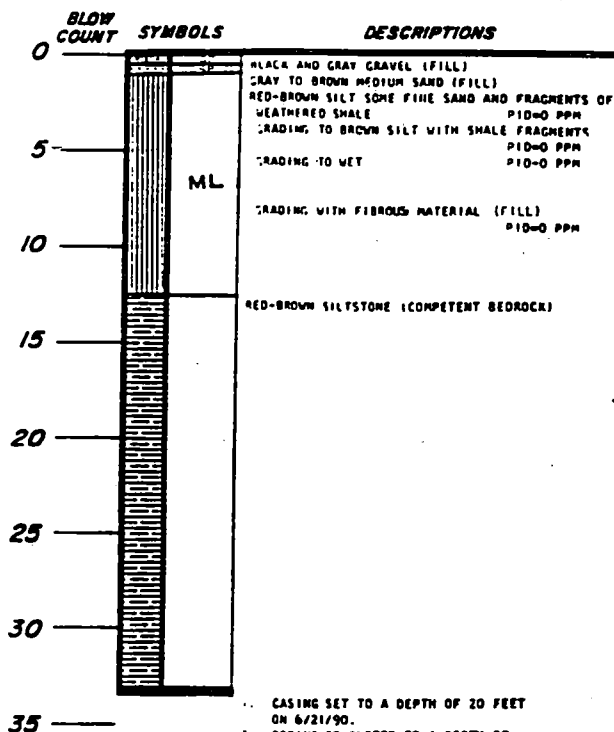
Monitoring Well Logs

Well Logs are not available for the following wells:
MW-1, MW-2, MW-3, MW-4, MW-5, MW-6, MW-7, MW-8,
MW-9, MW-18, MW-19, MW-29D, and MW-30D.

DEPTH
IN
FEET

BORING MW-10

ELEVATION (TOP OF STEEL CASING): 119.16 FEET MSL



1. CASING SET TO A DEPTH OF 20 FEET ON 6/21/90.
2. BORING COMPLETED TO A DEPTH OF 33 FEET ON 6/22/90.
3. OVERBURDEN SAMPLED CONTINUOUSLY WITH SPLIT SPOON TO THE SURFACE OF BEDROCK.
4. BORING FINISHED AS BEDROCK GROUNDWATER MONITORING WELL ON 6/22/90.
5. PID: PHOTO IONIZATION DETECTOR READING. REFER TO TEXT FOR ADDITIONAL INFORMATION.

LOG OF BORING AND MONITORING WELL DETAILS

DEPTH
IN
FEET

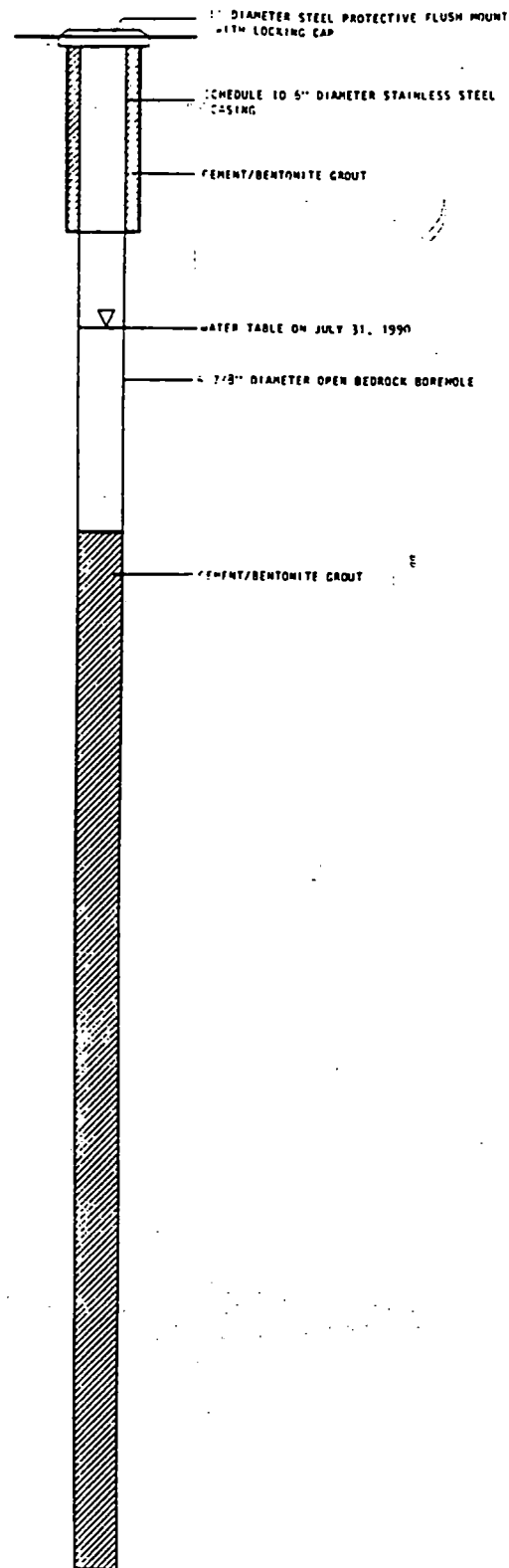
SAMPLES

BORING MW-11

ELEVATION (TOP OF STEEL CASING): 117.78 FEET MSL

BLOW COUNT	SYMBOLS	DESCRIPTIONS
0	ML	BROWN SILT LITTLE FINE SAND, TRACE SHALE FRAGMENTS GRADING RED-BROWN, LITTLE CLAY PID=0 PPM
5		GRADING TRACE CLAY PID=0 PPM RED-BROWN HIGHLY WEATHERED SILTSTONE RED-BROWN WEATHERED SHALE, DRY PID=1 PPM
10		RED-BROWN SILTSTONE, DRY (COMPETENT BEDROCK)
15		
20		
25		GRADING TO MOIST
30		GRADING DRY
35		
40		GRADING INTERBEDDED WITH SHALE, DRY
45		
50		
55		
60		GRADING NO SHALE, DRY
65		
70		
75		GRADING MOIST GRADING TO GRAY-BROWN SANDSTONE, VET
80		
85		RED-BROWN SILTSTONE, MOIST

1. CASING SET TO A DEPTH OF 10.6 FEET ON 6/21/90.
2. BORING COMPLETED TO A DEPTH OF 84 FEET ON 6/22/90.
3. OVERBURDEN SAMPLED CONTINUOUSLY WITH SPLIT SPOONS TO THE SURFACE OF BEDROCK.
4. BORING GROUTED WITH BENTONITE/CEMENT TO A DEPTH OF 27.2 FEET ON 7/3/90.
5. BORING FINISHED AS BEDROCK CAGUOWATER MONITORING WELL ON 7/3/90.
6. PID: PHOTO IONIZATION DETECTOR READING. REFER TO TEXT FOR ADDITIONAL INFORMATION.



LOG OF BORING AND MONITORING WELL DETAILS

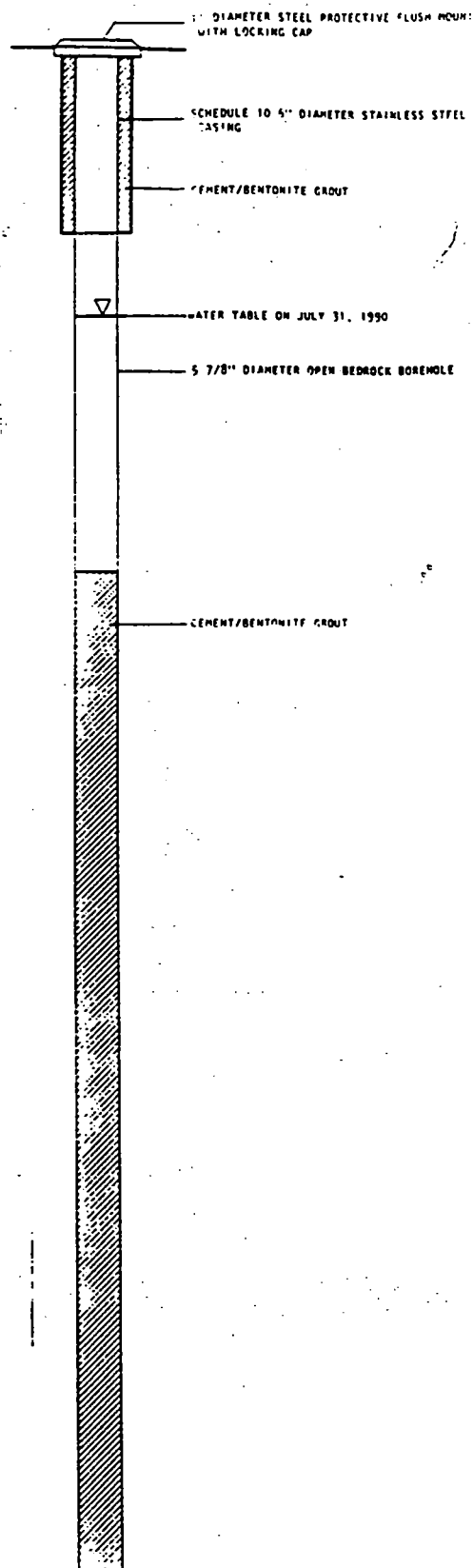
Dames & Moore

DEPTH
IN
FEET

BORING MW-12

ELEVATION (TOP OF STEEL CASING): 117.29 FEET MSL

BLOW COUNT	SYMBOLS	DESCRIPTIONS
0	ML	BROWN SILT, LITTLE FINE TO MEDIUM SAND, LITTLE CLAY, TRACE FRAGMENTS WEATHERED SHALE WITH ROOTLETS GRADING TO RED-BROWN, NO SAND PID=0 PPH RED-BROWN WEATHERED SHALE PID=0 PPH
5		
10		RED-BROWN SILTSTONE, DRY (COMPETENT BEDROCK)
15		
20		
25		GRADING MOIST
30		GRADING DRY
35		
40		
45		
50		
55		
60		
65		
70		GRADING WET GRADING DRY
75		
80		GRADING TO WET GRADING TO DRY
85		GRADING TO SANDSTONE, MOIST
90		



1. CASING SET TO A DEPTH OF 10.6 FEET ON 6/21/90.
2. BORING COMPLETED TO A DEPTH OF 87 FEET ON 6/22/90.
3. OVERBURDEN SAMPLED CONTINUOUSLY WITH SPLIT SPOONS TO THE SURFACE OF BEDROCK.
4. BORING GROUTED WITH BENTONITE/CEMENT TO A DEPTH OF 30 FEET ON 7/3/90.
5. BORING FINISHED AS BEDROCK GROUNDWATER MONITORING WELL ON 7/3/90.
6. PID: PHOTO IONIZATION DETECTOR READING. REFER TO TEXT FOR ADDITIONAL INFORMATION.

LOG OF BORING AND MONITORING WELL DETAILS

Dames & Moore

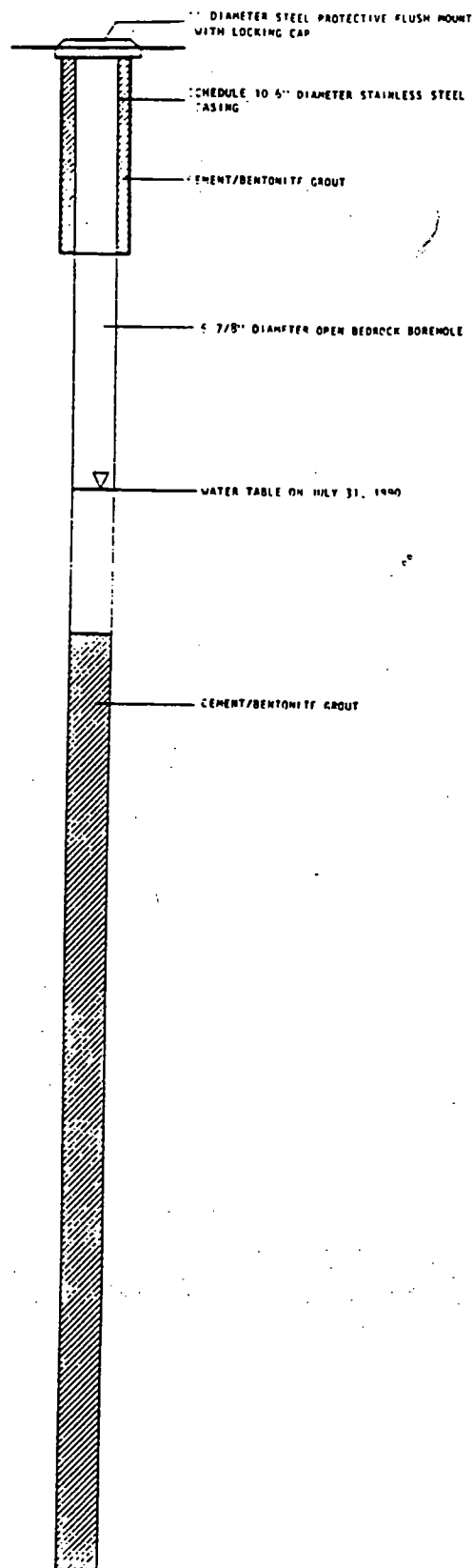
DEPTH
IN
FEET

SAMPLES

BORING MW-13

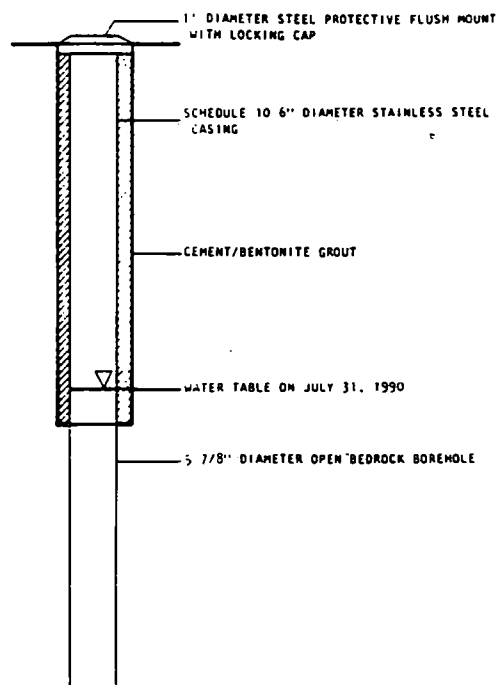
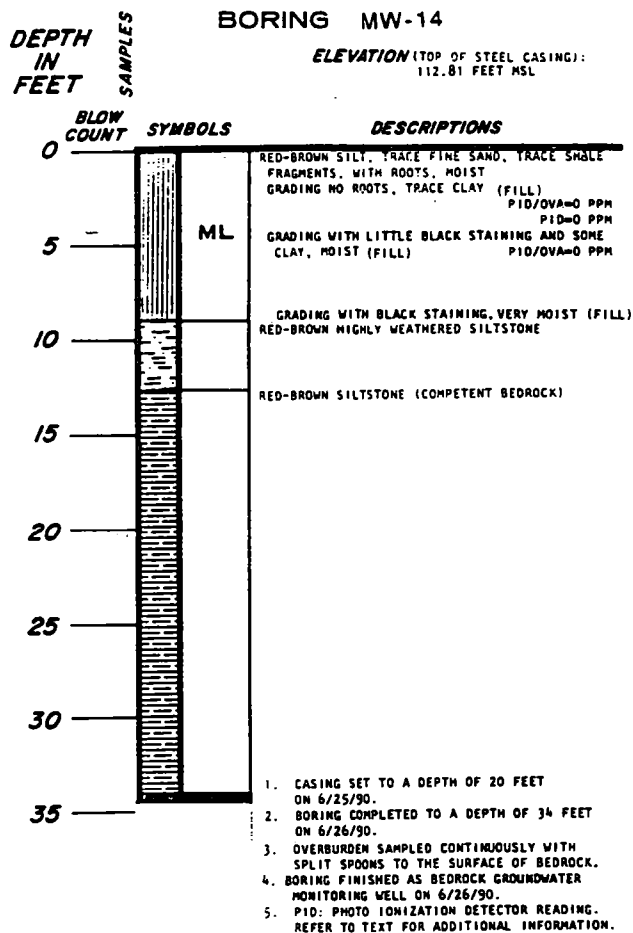
ELEVATION (TOP OF STEEL CASING): 118.61 FEET MSL

BLOW COUNT	SYMBOLS	DESCRIPTIONS
0	ML	ASPHALT BROWN SILT, LITTLE FINE SAND AND FRAGMENTS OF WEATHERED SHALE, TRACE CLAY PID=0 PPM
5		PED-BROWN HIGHLY WEATHERED SILTSTONE PID=0 PPM
10		RED-BROWN SILTSTONE, DRY (COMPETENT BEDROCK)
15		
20		
25		
30		
35		
40		
45		
50		
55		
60		
65		
70		
75		
80		GRADING VERY MOIST GRADING WET
85		1. CASING SET TO A DEPTH OF 11.75 FEET ON 6/21/90. 2. BORING COMPLETED TO A DEPTH OF 87 FEET ON 6/22/90. 3. OVERBURDEN SAMPLED CONTINUOUSLY WITH SPLIT SPOONS TO THE SURFACE OF BEDROCK. 4. BORING GROUTED WITH CEMENT/BENTONITE TO A DEPTH OF 33.5 FEET ON 7/2/90. 5. BORING FINISHED AS BEDROCK GROUNDWATER MONITORING WELL ON 7/2/90. 6. PID: PHOTO IONIZATION DETECTOR READING. REFER TO TEST FOR ADDITIONAL INFORMATION.
90		

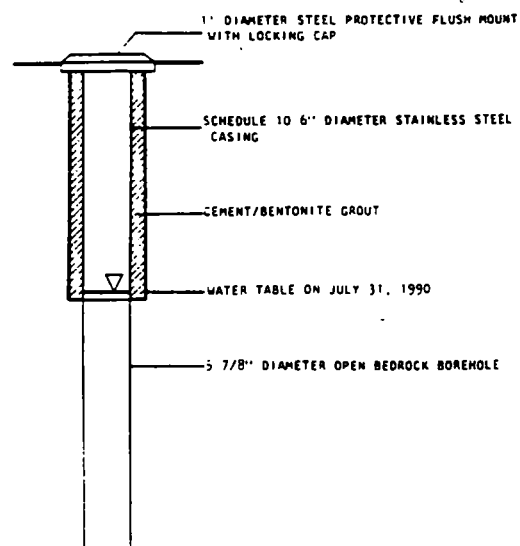
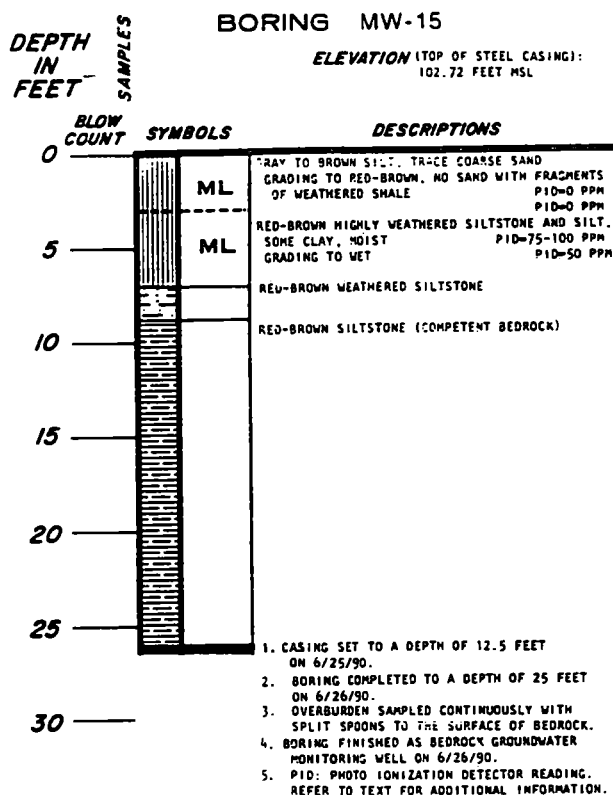


LOG OF BORING AND MONITORING WELL DETAILS

Dames & Moore



LOG OF BORING AND MONITORING WELL DETAILS

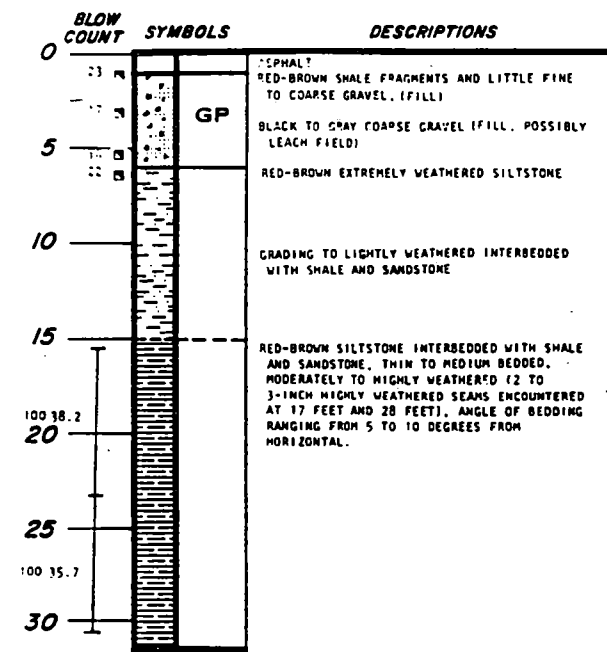


LOG OF BORING AND MONITORING WELL DETAILS

DEPTH
IN
FEET

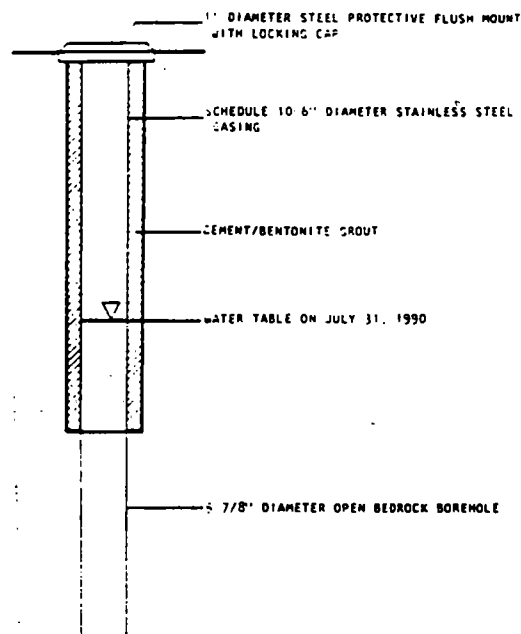
BORING MW-16

ELEVATION (TOP OF STEEL CASING):
104.61 FEET MSL



PERCENT
RECOVERY
R.O.D.
LENGTH OF
CORE RUN

1. CORING COMPLETED TO A DEPTH OF 30.5 FEET ON 6/25/90.
2. CASING SET TO A DEPTH OF 20 FEET ON 6/26/90.
3. BORING COMPLETED TO A DEPTH OF 30.5 FEET ON 6/26/90.
4. OVERBURDEN SAMPLED CONTINUOUSLY WITH SPLIT SPOON TO THE SURFACE OF BEDROCK.
5. BORING FINISHED AS MONITORING WELL ON 6/27/90.
6. PID: PHOTO IONIZATION DETECTOR READING. REFER TO TEXT FOR ADDITIONAL INFORMATION.



LOG OF BORING AND MONITORING WELL DETAILS

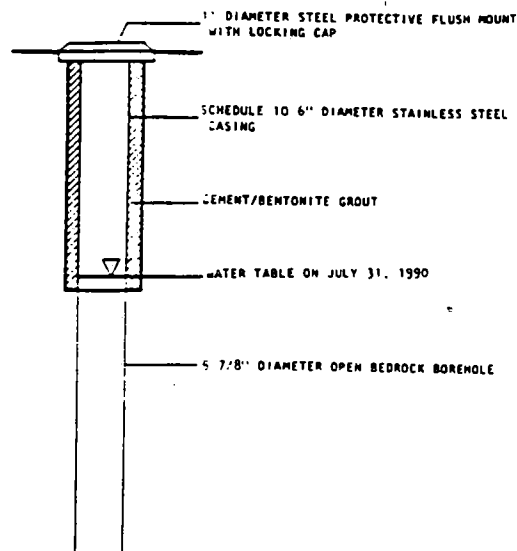
DEPTH
IN
FEET

BORING MW-17

ELEVATION (TOP OF STEEL CASING):
107.78 FEET MSL

BLOW COUNT	SYMBOLS	DESCRIPTIONS
0	ML	DARK BROWN SILT, TRACE FINE SAND, TRACE CLAY, WITH ROOTS (FILL) GRADING RED-BROWN, NO ROOTS, WITH PIECES OF ASPHALT (FILL) PID=0 PPM GRADING WITH PIECES OF GRAVEL (FILL)
5		RED-BROWN WEATHERED SANDSTONE PID=0 PPM AND SILTSTONE
10		RED-BROWN SILTSTONE (COMPETENT BEDROCK)
15		
20		
25		
30		

1. CASING SET TO A DEPTH OF 12.5 FEET
ON 6/25/90.
2. BORING COMPLETED TO A DEPTH OF 26.5 FEET
ON 6/26/90.
3. OVERBURDEN SAMPLED CONTINUOUSLY WITH
SPLIT SPOONS TO THE SURFACE OF BEDROCK.
4. BORING FINISHED AS BEDROCK GROUNDWATER
MONITORING WELL ON 6/26/90.
5. PID: PHOTO IONIZATION DETECTOR READING.
REFER TO TEXT FOR ADDITIONAL INFORMATION.



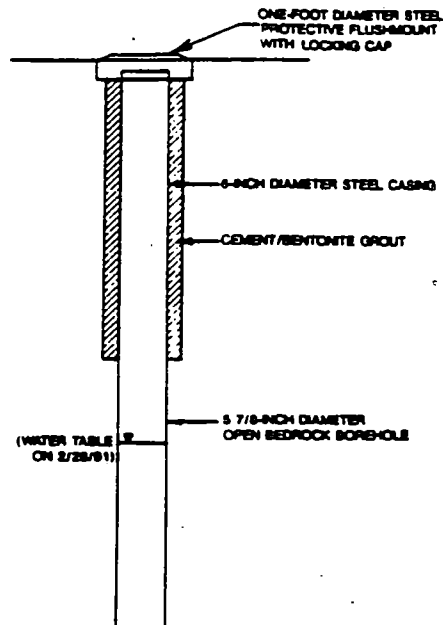
LOG OF BORING AND MONITORING WELL DETAILS

BORING MW-20
ELEVATION (TOP OF STEEL CASING): 114.63 FEET MSL

DEPTH IN FEET	BLOW COUNT	SYMBOLS	DESCRIPTIONS
0			BROWN SILT WITH ROOTLETS (TOPSOIL)
		ML	GRADING WITH FINE GRAVEL GRADING WITH TRACE CLAY, TRACE FRAGMENTS OF WEATHERED SILTSTONE
5		SP	GRAY FINE TO MEDIUM SAND, WET
		CL	RED-BROWN CLAY, TRACE SILT
10		ML	GRADING TO STIFF CLAY RED-BROWN SILT AND FRAGMENTS OF WEATHERED SILTSTONE
			GRADING TO WEATHERED SILTSTONE, DRY
15			RED-BROWN SILTSTONE (COMPETENT BEDROCK), DRY
20			
25			
30			

35

- NOTES:
1. CASING SET TO A DEPTH OF 16.5 FEET ON 2/7/91.
 2. BORING COMPLETED TO A DEPTH OF 30 FEET ON 2/8/91.
 3. OVERBURDEN SAMPLED CONTINUOUSLY WITH SPLIT SPOON TO SURFACE OF BEDROCK.
 4. BORING FINISHED AS BEDROCK GROUNDWATER MONITORING WELL ON 2/8/91.



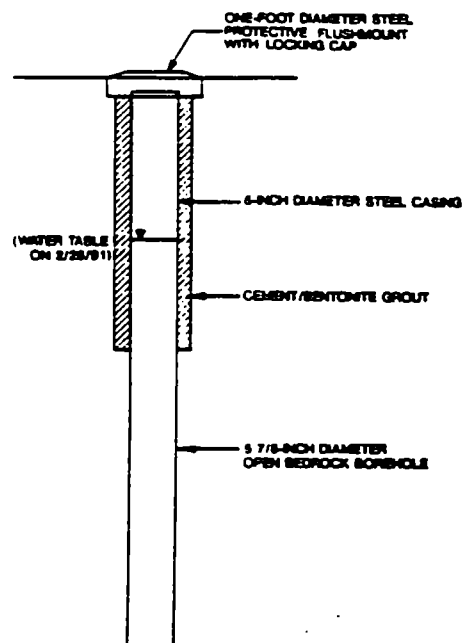
LOG OF BORING AND MONITORING WELL DETAILS

BORING MW-21 ELEVATION (TOP OF STEEL CASING): 111.11 FEET MSL

DEPTH IN FEET	BLOW COUNT	SYMBOLS	DESCRIPTIONS
0		ML	ASPHALT RED-BROWN TO BROWN SILT, TRACE CLAY, TRACE ASPHALT, MOIST OVA=6PPH OVA=9PPH
5		CL	BLACK CLAY, MOIST GRADING TO GRAY, MOTTLED BLACK TRACE SILT OVA=90PPH
		ML	RED-BROWN SILT AND FRAGMENTS OF WEATHERED SILTSTONE SILTSTONE, HIGHLY WEATHERED RED-BROWN SILTSTONE (COMPETENT BEDROCK)
10			
15			
20			
25			
30			
35			

NOTES:

1. CASING SET TO A DEPTH OF 14.3 FEET ON 2/7/91.
2. BORING COMPLETED TO A DEPTH OF 30 FEET ON 2/8/91.
3. OVERBURDEN SAMPLED CONTINUOUSLY WITH SPLIT SPOON TO SURFACE OF BEDROCK.
4. BORING FINISHED AS BEDROCK GROUNDWATER MONITORING WELL ON 2/8/91.
5. OVA: ORGANIC VAPOR ANALYZER READING. REFER TO TEXT FOR ADDITIONAL INFORMATION.



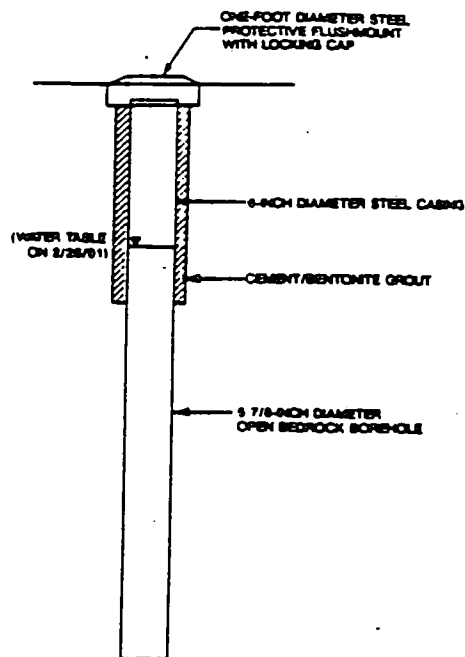
LOG OF BORING AND MONITORING WELL DETAILS

BORING MW-22
ELEVATION (TOP OF STEEL CASING): 103.22 FEET MSL

DEPTH IN FEET	BLOW COUNT	SYMBOLS	DESCRIPTIONS
0		ML	ASPHALT BROWN SILT AND CLAY, TRACE SHALE FRAGMENTS STIFF CRACKING RED-BROWN, VERY HARD OVA=400PPH
5			RED-BROWN SILTSTONE, HIGHLY WEATHERED, DRY RED-BROWN SILTSTONE, DRY, (COMPETENT BEDROCK) OVA=0PPH
10			OVA=1PPH
15			
20			
25			
30			
35			

NOTES:

1. CASING SET TO A DEPTH OF 11.3 FEET ON 2/7/91.
2. BORING COMPLETED TO A DEPTH OF 30 FEET ON 2/8/91.
3. OVERBURDEN SAMPLED CONTINUOUSLY WITH SPLIT SPOON TO SURFACE OF BEDROCK.
4. BORING FINISHED AS BEDROCK GROUNDWATER MONITORING WELL ON 2/8/91.
5. OVA: ORGANIC VAPOR ANALYZER READING. REFER TO TEXT FOR ADDITIONAL INFORMATION.

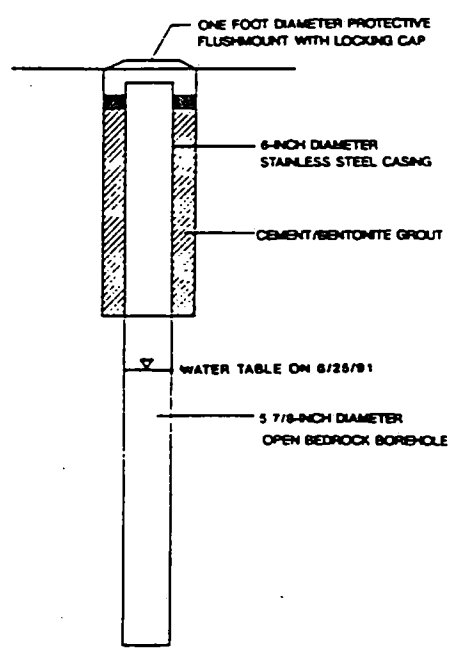


LOG OF BORING AND MONITORING WELL DETAILS

BORING MW-23
 ELEVATION (TOP OF CASING): 107.09 FT. MSL

DEPTH IN FEET	BLOW COUNT	SYMBOLS	DESCRIPTIONS
0		ML	RED-BROWN SILT, SOME CLAY, TRACE FRAGMENTS WEATHERED SHALE, SLIGHTLY MOIST, PID=50ppm
5			GRADING TO HIGHLY WEATHERED SILTSTONE
10			RED-BROWN SILTSTONE, (COMPETENT BEDROCK)
15			
20			
25			
30			
35			

- NOTES:
1. CASING SET TO A DEPTH OF 13 FEET ON 5/30/91.
 2. BORING COMPLETED TO A DEPTH OF 31 FEET ON 6/4/91.
 3. OVERBURDEN SAMPLED CONTINUOUSLY WITH SPLIT SPOON TO THE SURFACE OF BEDROCK.
 4. BORING FINISHED AS GROUNDWATER MONITORING WELL ON 6/4/91.
 5. PID: PHOTO IONIZATION DETECTION READING; REFER TO TEXT FOR ADDITIONAL INFORMATION.



LOG OF BORING AND MONITORING WELL DETAILS

DEPTH
IN
FEET

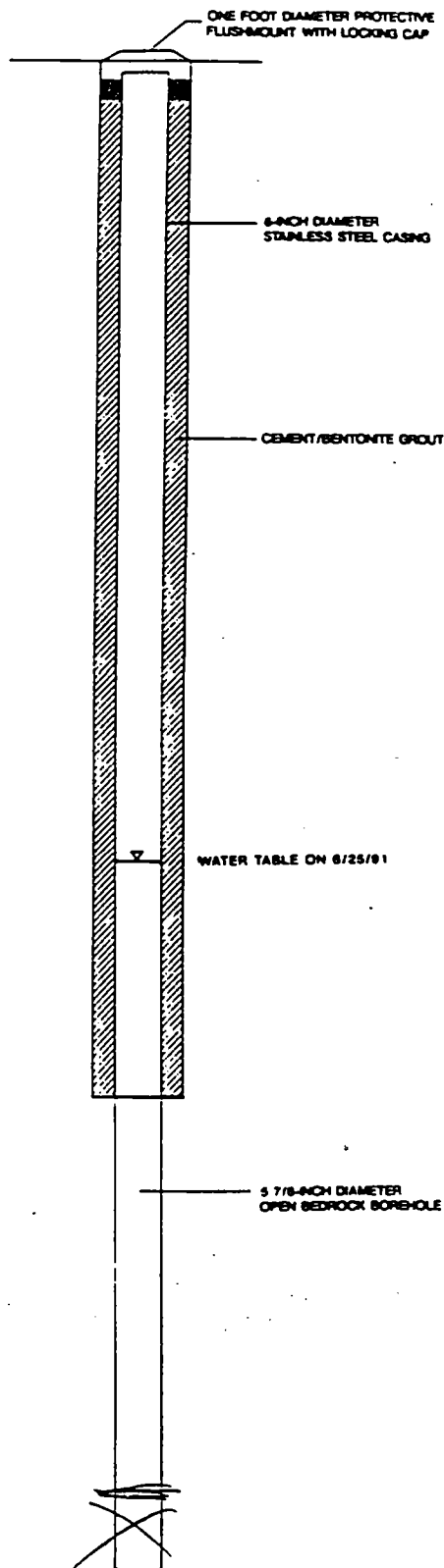
BORING MW-24

ELEVATION (TOP OF CASING): 103.39 FT. MSL

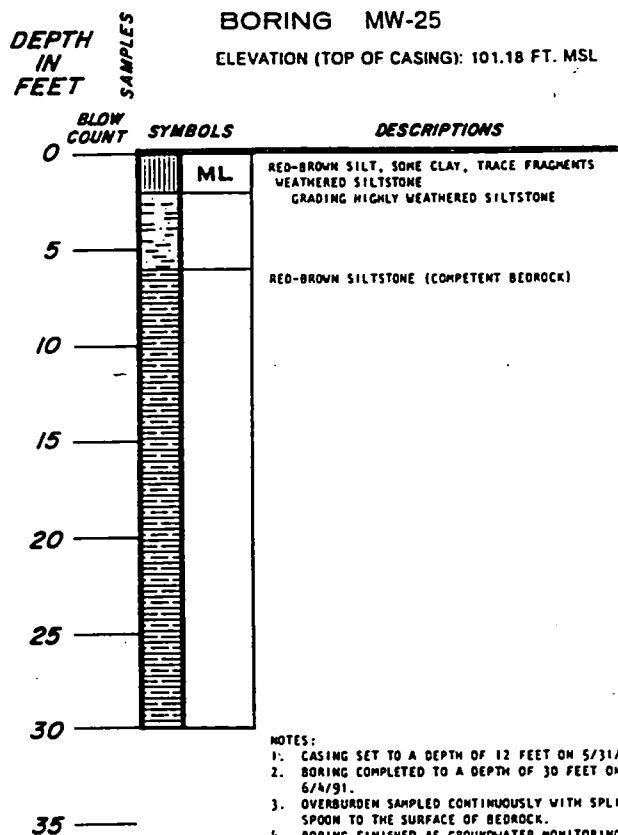
BLOW COUNT	SYMBOLS	DESCRIPTIONS
0	ML	BLACKISH BROWN SILT, SOME CLAY, TRACE FRAGMENTS OF WEATHERED RED SILTSTONE
5		RED-BROWN SILT, LITTLE CLAY, SOME FRAGMENTS OF WEATHERED RED SILTSTONE, PID=0ppm GRADING TO HIGHLY WEATHERED RED SILTSTONE
10		GRADING TO WEATHERED RED SILTSTONE RED-BROWN SILTSTONE (COMPETENT BEDROCK)
15		
20		
30		
35		
40		
45		
50		
55		
60		
65		
70		
75		
80		
85		

NOTES:

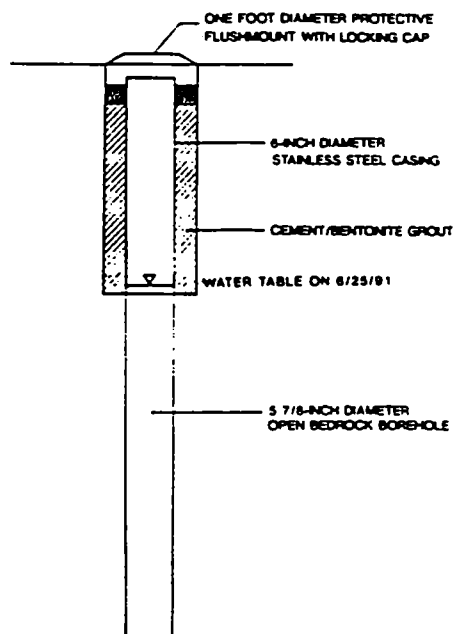
1. CASING SET TO DEPTH OF 55 FEET ON 6/3/91.
2. BORING COMPLETED TO A DEPTH OF 80 FEET
ON 6/4/91.
3. OVERBURDEN SAMPLED CONTINUOUSLY WITH SPLIT
SPOON TO THE SURFACE OF BEDROCK.
4. BORING FINISHED AS GROUNDWATER MONITORING
WELL ON 6/4/91.
5. PID: PHOTO IONIZATION DETECTION READING;
REFER TO TEXT FOR ADDITIONAL INFORMATION.



LOG OF BORING AND MONITORING WELL DETAILS



- NOTES:
1. CASING SET TO A DEPTH OF 12 FEET ON 5/31/91.
 2. BORING COMPLETED TO A DEPTH OF 30 FEET ON 6/4/91.
 3. OVERBURDEN SAMPLED CONTINUOUSLY WITH SPLIT SPOON TO THE SURFACE OF BEDROCK.
 4. BORING FINISHED AS GROUNDWATER MONITORING WELL ON 6/4/91.
 5. PID: PHOTO IONIZATION DETECTION READING REFER TO TEXT FOR ADDITIONAL INFORMATION.



LOG OF BORING AND MONITORING WELL DETAILS

DEPTH
IN
FEET

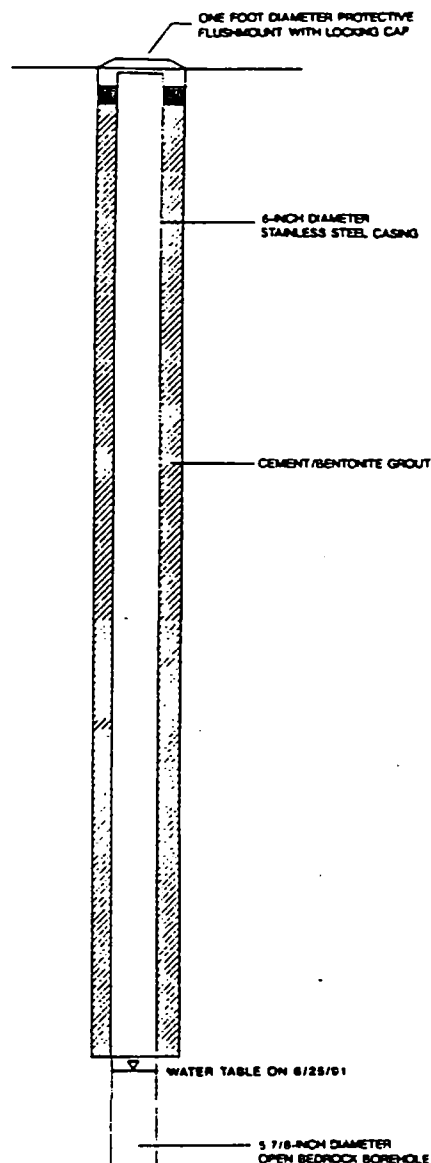
SAMPLES

BORING MW-26

ELEVATION (TOP OF CASING): 111.27 FT. MSL

BLOW COUNT	SYMBOLS	DESCRIPTIONS
0		ASPHALT RED-BROWN SILT, SOME FRAGMENTS OF WEATHERED SILTSTONE, TRACE FINE SAND, DRY, PID=0000
10	ML	GRADING WITH TRACE CLAY
13	ML	BLACK SILT, TRACE CLAY, MOIST GRADING TO GRAYISH BLACK
5	ML	GRADING TO RED-BROWN, TRACE FRAGMENTS WEATHERED SILTSTONE
22	ML	RED-BROWN SILTSTONE, HIGHLY WEATHERED
100/4.5		RED-BROWN SILTSTONE, MODERATELY WEATHERED, THINLY BEDDED, WITH OCCASIONAL CALCITE LAMINAE, (COMPETENT BEDROCK)
80		
15		
100		RED-BROWN SANDSTONE RED-BROWN SILTSTONE
20		HIGHLY WEATHERED FROM 20.2' TO 20.7'
		HIGHLY WEATHERED FROM 22.5' TO 22.8'
25		GRADING INTERBEDDED WITH SANDSTONE, THINLY BEDDED
94		GRADING NO SANDSTONE VERTICAL FRACTURE 27' TO 27.8', MODERATELY WEATHERED, OXIDIZED ORANGE IN TOP 2"
30		GRADING FRESH GRADING WITH CALCITE LAMINAE RED-BROWN MUDSTONE, HIGHLY WEATHERED, WITH FRAGMENTS OF SILTSTONE
35		RED BROWN SILTSTONE
40		GRADING GRAY-BROWN, INTERBEDDED WITH SANDSTONE HIGHLY WEATHERED
		GRAY-BROWN SANDSTONE WITH SILTSTONE FRACTURE INFILL AND CALCITE FRACTURE INFILLS
100		RED-BROWN SILTSTONE GRAY-BROWN MOTTLED SANDSTONE WITH VERTICAL CALCITE FRACTURE INFILL
45		RED-BROWN SILTSTONE GRAY SANDSTONE, HIGHLY WEATHERED RED-BROWN SILTSTONE, MEDIUM BEDDED WITH VERTICAL CALCITE FRACTURE INFILL FROM 43.5' TO 44'
99		VERTICAL CALCITE FRACTURE INFILL FROM 44.5' TO 45.5' WIDE APERTURE (0.1") VERTICAL FRACTURE FROM 46.0' TO 46.5', MODERATELY WEATHERED
50		GRADING TO THIN BEDDED GRADING TO MEDIUM BEDDED GRADING TO THIN BEDDED WITH FREQUENT CALCITE FRACTURE INFILLS AND SHALE LAMINAE
55		GRADING GRAY MOTTLED WITH POCKETS OF SANDSTONE AND CLASTIC INCLUSIONS, MEDIUM BEDDED
70		GRADING NO SANDSTONE, MEDIUM BEDDED, NO INCLUSIONS
60		
65		
70		HIGHLY WEATHERED 69' TO 69.5'
75		GRADING WITH POCKETS OF CALCITE AND CALCITE LAMINAE
80		DISSOLUTION MOLE 0.5" IN DIAMETER
85		NOTES: 1. CASING SET TO A DEPTH OF 55 FEET ON 5/31/91. 2. CORING COMPLETED TO A DEPTH OF 83 FEET ON 6/3/91. 3. CORING REAMED TO 8 INCH DIAMETER TO A DEPTH OF 80 FEET ON 6/3/91. 4. OVERBURDEN SAMPLED CONTINUOUSLY WITH SPLIT SPOON TO THE SURFACE OF BEDROCK. 5. BORING FINISHED AS GROUNDWATER MONITORING WELL ON 6/3/91. 6. PID-PHOTO IONIZATION DETECTOR READING. REFER TO TEXT FOR ADDITIONAL INFORMATION.

PERCENT
RECOVERY
R.O.D.
LENGTH OF
CORE RUN

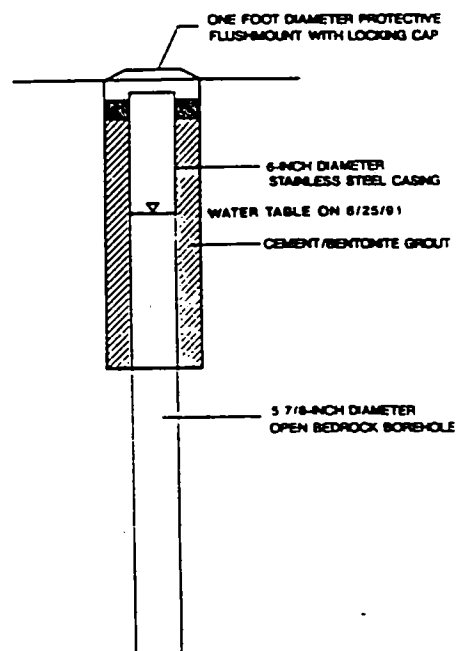


LOG OF BORING AND MONITORING WELL DETAILS

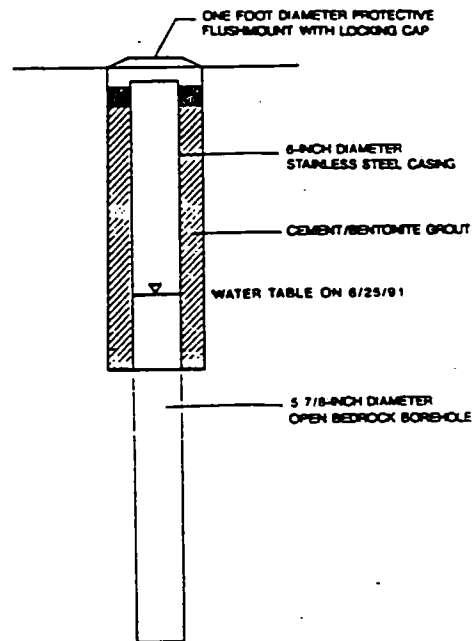
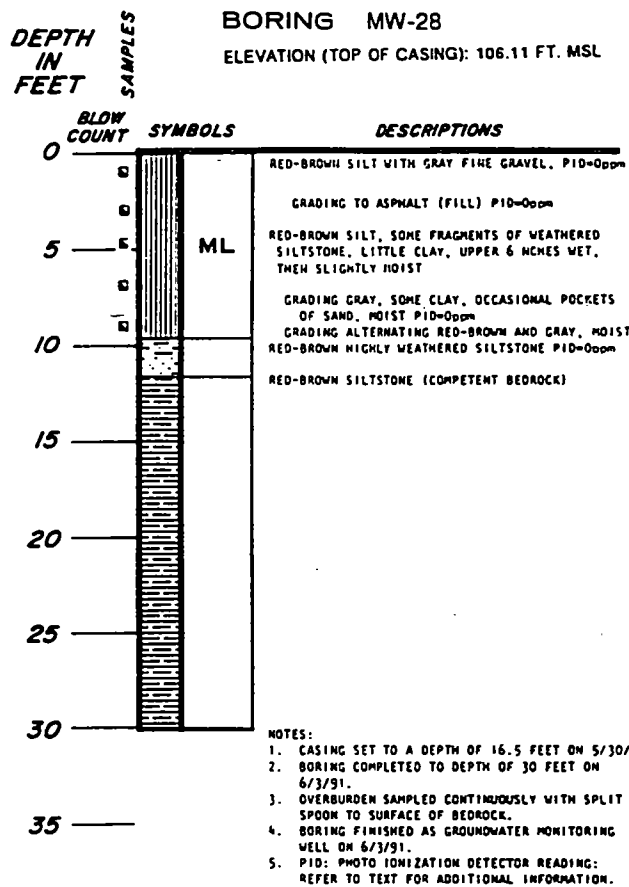
BORING MW-27
ELEVATION (TOP OF CASING): 112.54 FT. MSL

DEPTH IN FEET	SAMPLES	BLOW COUNT	SYMBOLS	DESCRIPTIONS
0				(NO RECOVERY)
	ML			RED-BROWN SILT, LITTLE CLAY, TRACE FRAGMENTS WEATHERED SILTSTONE, PID=00pm
5				GRADING TO SILTSTONE, HIGHLY WEATHERED, PID=00pm
				GRADING WITH TRACE FINE GRAVEL (FILL), PID=10pm
10				GRADING NO FINE GRAVEL
				RED-BROWN SILTSTONE (COMPETENT BEDROCK)
15				
20				
25				
30				
35				

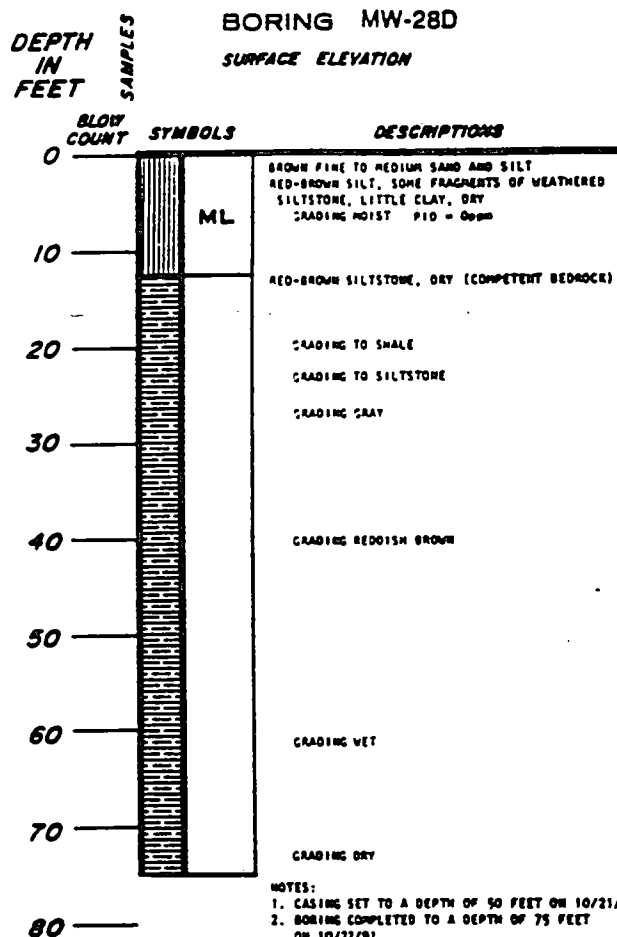
- NOTES:
1. CASING SET TO A DEPTH OF 15 FEET ON 5/30/91.
 2. BORING COMPLETED TO A DEPTH OF 30 FEET ON 6/3/91.
 3. OVERBURDEN SAMPLED CONTINUOUSLY WITH SPLIT SPOON TO SURFACE OF BEDROCK.
 4. BORING FINISHED AS GROUNDWATER MONITORING WELL ON 6/3/91.
 5. PID: PHOTO IONIZATION DETECTOR READING: REFER TO TEXT FOR ADDITIONAL INFORMATION.



LOG OF BORING AND MONITORING WELL DETAILS

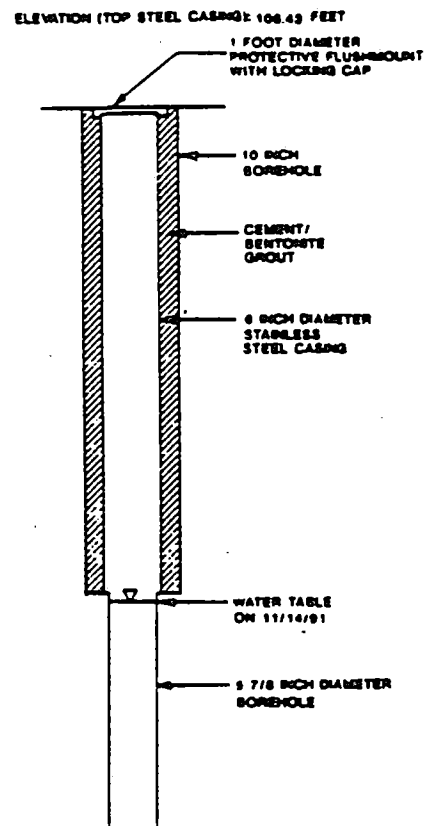


LOG OF BORING AND MONITORING WELL DETAILS

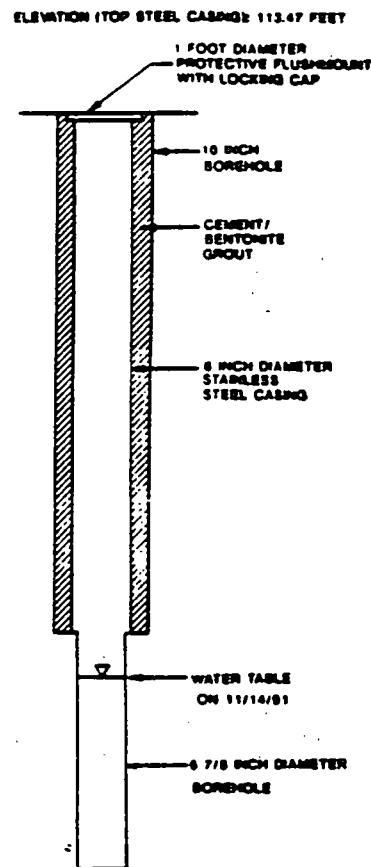
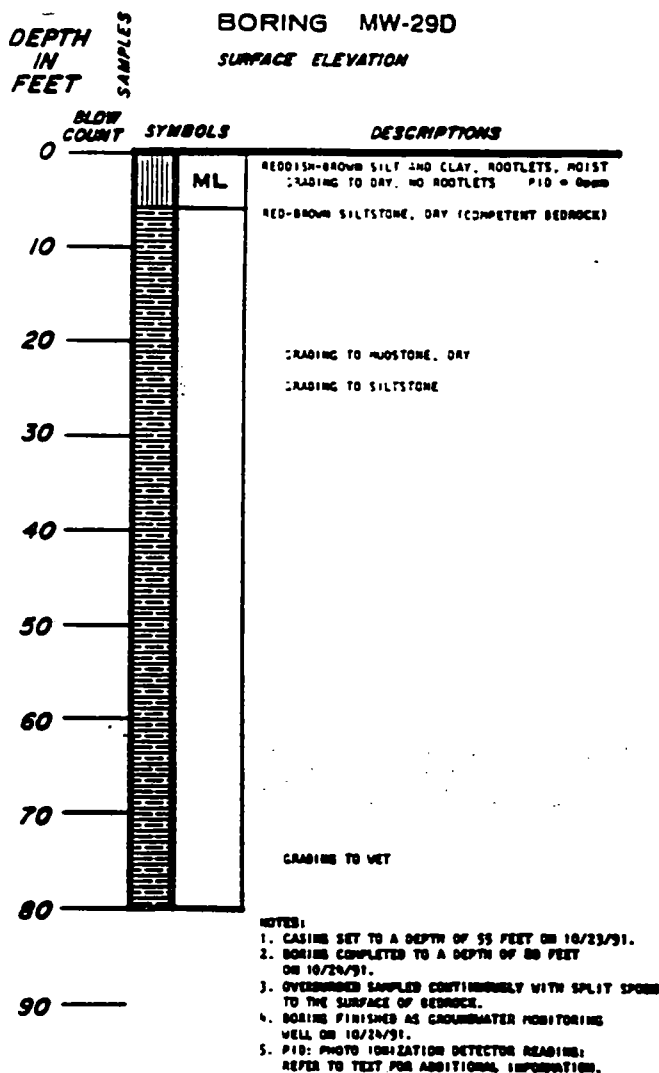
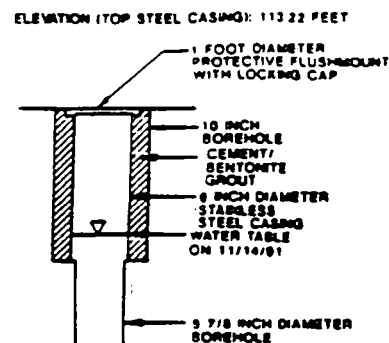
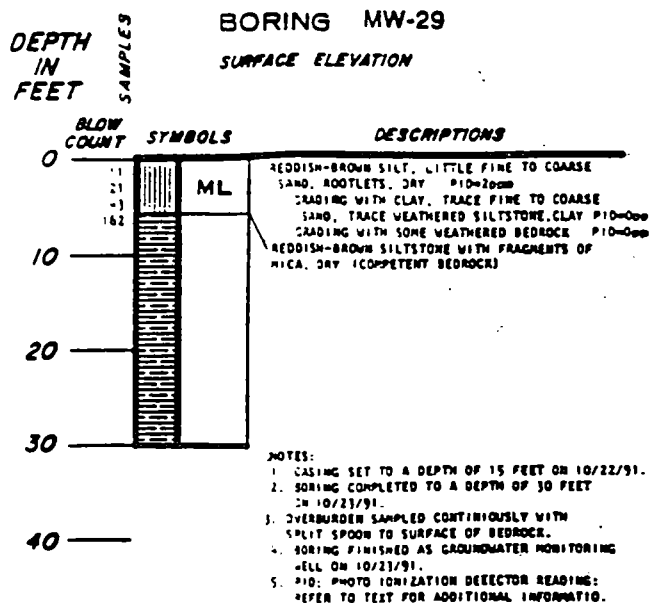


NOTES:

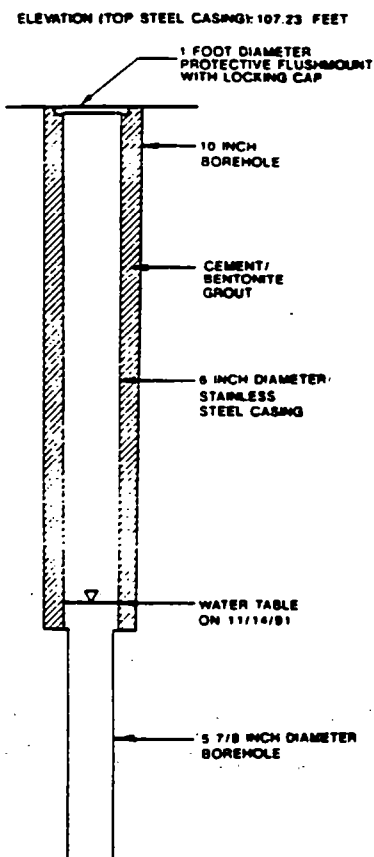
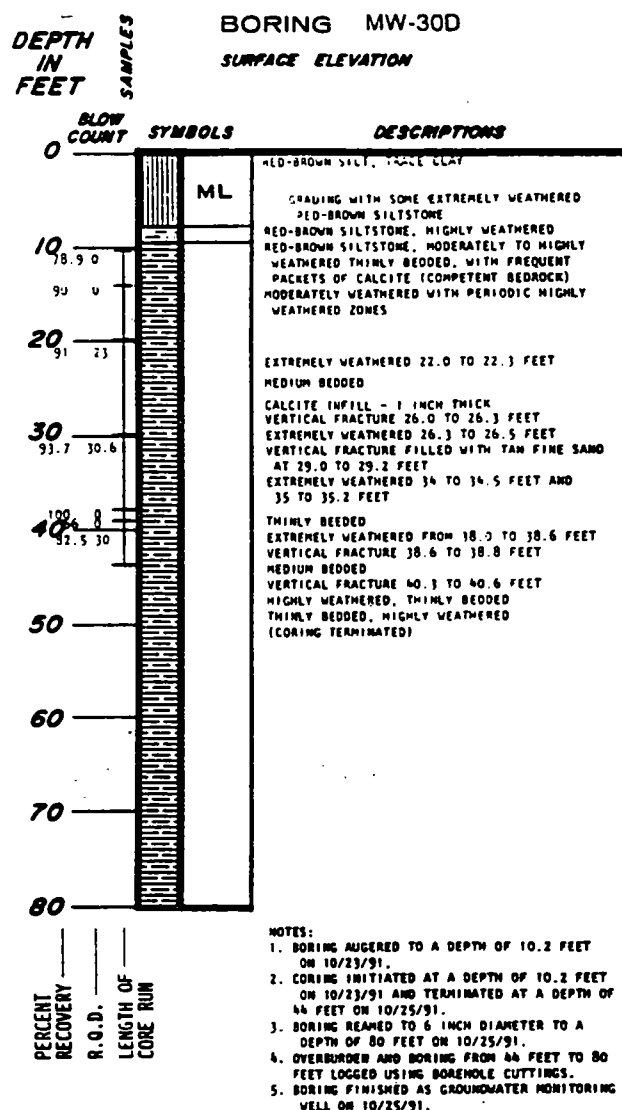
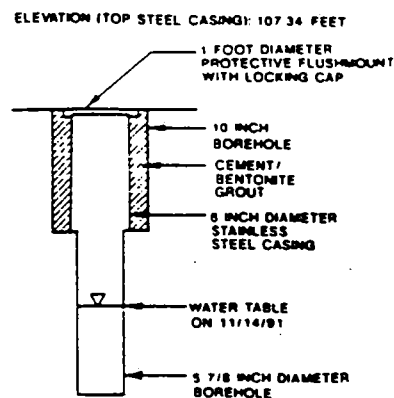
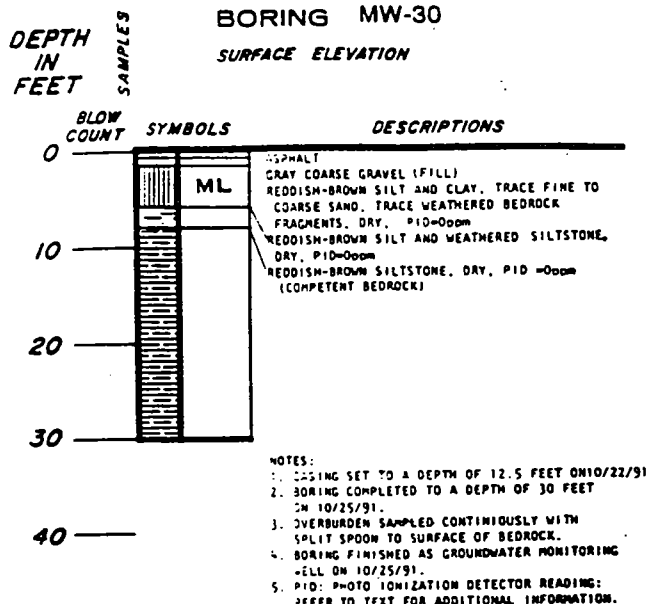
1. CASING SET TO A DEPTH OF 50 FEET ON 10/21/91.
2. BORING COMPLETED TO A DEPTH OF 75 FEET ON 10/22/91.
3. OVERBURDEN SAMPLED CONTINUOUSLY WITH SPLIT SPOON TO THE SURFACE OF BEDROCK.
4. BORING FINISHED AS GROUNDWATER MONITORING WELL ON 10/22/91.
5. PID: PHOTO IONIZATION DETECTOR READING: REFER TO TEXT FOR ADDITIONAL INFORMATION.



LOG OF BORING AND MONITORING WELL DETAILS



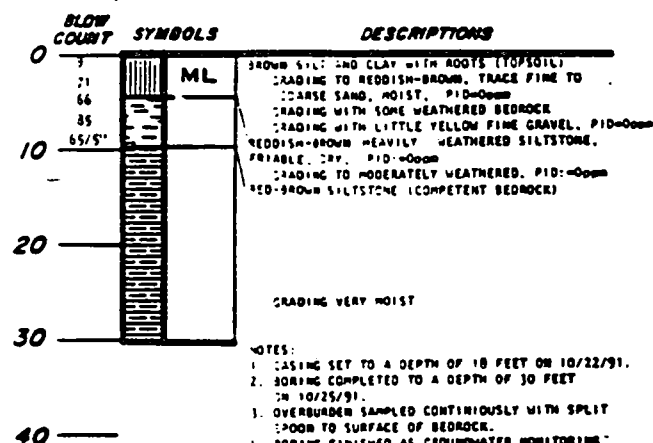
LOG OF BORING AND MONITORING WELL DETAILS



LOG OF BORING AND MONITORING WELL DETAILS

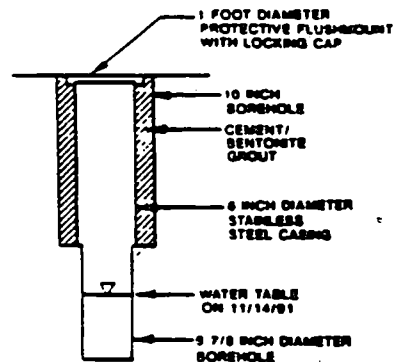
DEPTH
IN
FEET

BORING MW-31
SURFACE ELEVATION



- GRADING VERY MOIST
- NOTES:
1. CASING SET TO A DEPTH OF 18 FEET ON 10/22/91.
 2. BORING COMPLETED TO A DEPTH OF 30 FEET ON 10/25/91.
 3. OVERBURDEN SAMPLED CONTINUOUSLY WITH SPLIT TUBES TO SURFACE OF BEDROCK.
 4. BORING FINISHED AS GROUNDWATER MONITORING WELL ON 10/25/91.
 5. PID: PHOTO IONIZATION DETECTOR READING: REFER TO TEXT FOR ADDITIONAL INFORMATION.



ELEVATION (TOP STEEL CASING): 112.35 FEET

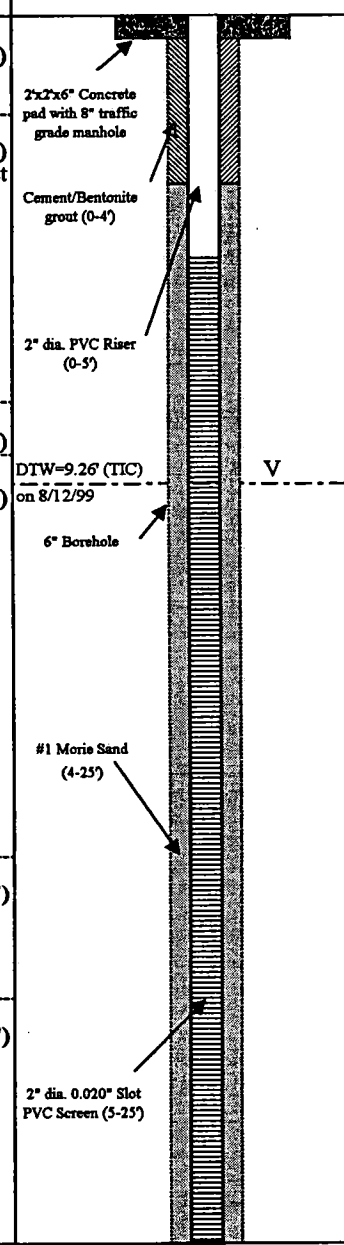


LOG OF BORING AND MONITORING WELL DETAILS

MONITORING WELL LOG

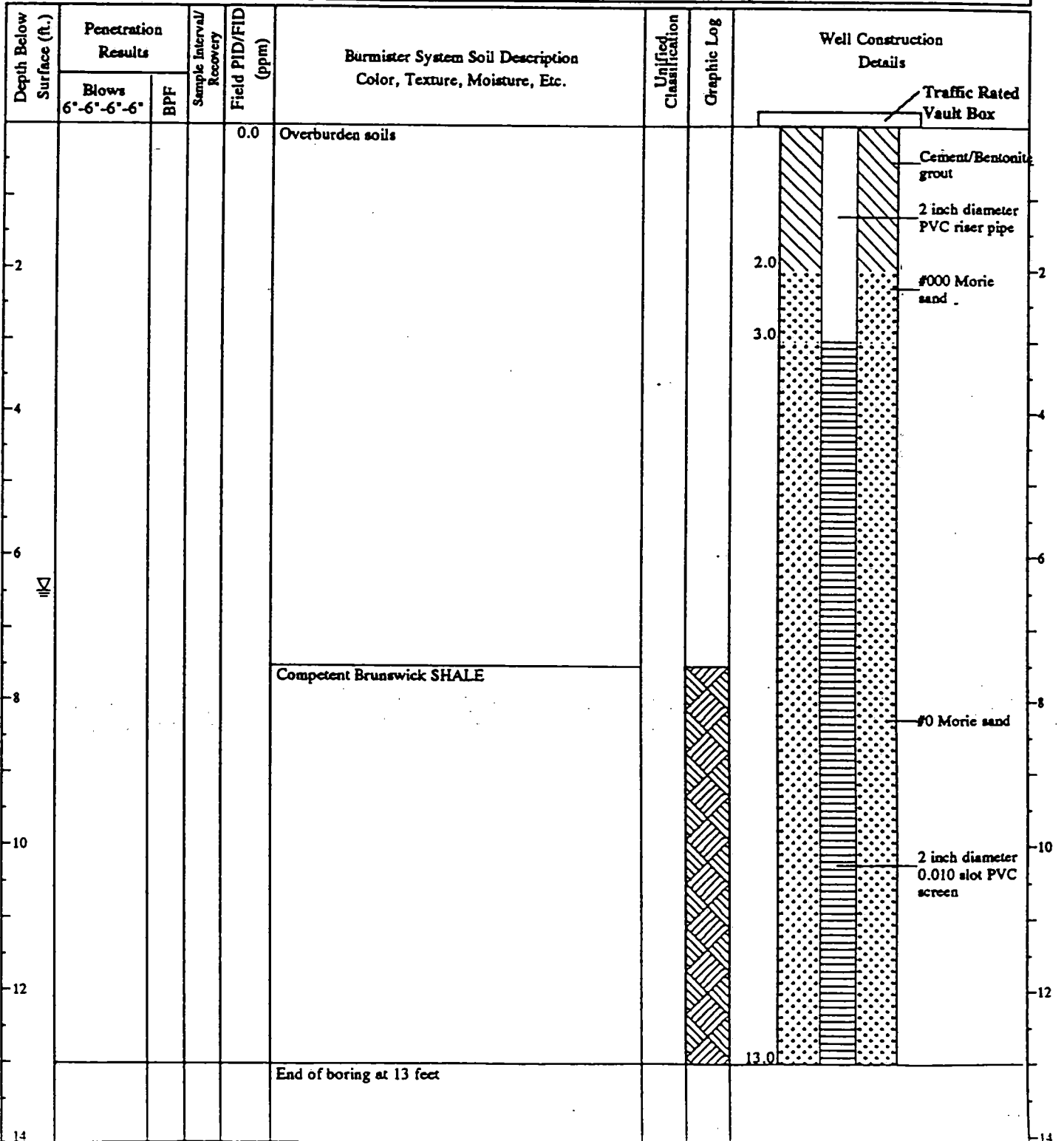
Page 1 of 1

		PROJECT NAME: Ortho-Clinical Diagnostics, Inc.		PROJECT NO.: 120802121012.001		Well No: MW-32			
		PROJECT LOCATION: 1001 Route 202 North, Raritan, New Jersey				LOCATION SKETCH  N			
COMPLETION DATE: August 11, 1999		TOTAL DEPTH OF BOREHOLE: 25 Feet		MONITORING DEVICE: OVM (PID)				M/H Representative / OFFICE: S. Alderfer/Warren	
DRILLING CONTRACTOR / DRILLER: Summit / Steve Yotcoski		DRILLING EQUIPMENT: Mobile B-80 Rig		DRILLING METHOD (BIT): Air Rotary (6" bit)					
SAMPLING METHOD: Not sampled		DEPTH TO GROUNDWATER: 9.26 ft. from TIC		GS / TIC ELEVATION: 104.52' / 104.09' above MSL				PERMANENT WELL INSTALLED? Yes	
WELL PERMIT NUMBER: 25-54673		MEMO: Depth to groundwater was measured in the well on 8/12/99.							

DEPTH (feet)	OVM (gpm)	REC. (%)	SOIL/ROCK DESCRIPTION	FIELD NOTES & MONITORING WELL DIAGRAM
1		N/A	Asphalt and Gravel (0-2')	
2		N/A	Red-brown SILT (2-13') some Clay, tr medium Sand, moist	
3		N/A		
4		N/A		
5	0	-		
6		N/A		
7		N/A		
8		N/A		
9		N/A	Weathered red SHALE, soft (8-9')	
10		N/A	Red SILTSTONE, soft (9'-17')	
11		N/A		
12		N/A		
13		N/A		
14		N/A		
15		N/A		
16		N/A		
17		N/A		
18		N/A	Red SHALE (17'-20')	
19		N/A		
20		N/A		
21		N/A	Competent red SILTSTONE (20'-25')	
22		N/A		
23		N/A		
24		N/A		
25		N/A	End of boring at 25 feet bgs	
26				
27				
28				
29				
30				



MONITORING WELL LOG

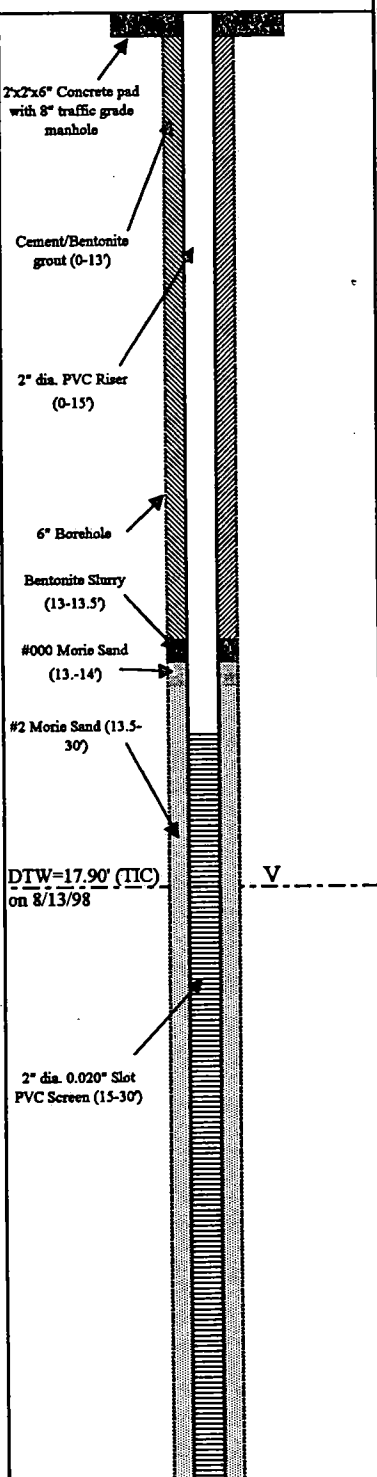
		Project: Ortho Diagnostic Systems Project Location: Raritan, New Jersey Project Number: 120802121.006		Boring No: MW-33 Page 1 of 1	
		Start/Finish Date: 5/22/96 - 5/22/96 Geologist/Office: J. Peterson/Warren Monitoring Device: OVM Permit No:		N Location Sketch	
Drilling Contractor/Driller: Summit Sampling Method:		Drilling Equipment: Mobile B-80 Drilling Method: Air Rotary			
T.D. Borehole: 13.0 feet Elevations (ft.MSL): Ground Surface, Top of Inner Casing, Top/Bottom of Screen		Memo:			



MONITORING WELL LOG

Page 1 of 1

	PROJECT NAME: Ortho-Clinical Diagnostics, Inc.		PROJECT NO.: 120802121012.001		Well No: MW-34
	PROJECT LOCATION: 1001 Route 202 North, Raritan, New Jersey				LOCATION SKETCH  N
	COMPLETION DATE: August 14, 1998	TOTAL DEPTH OF BOREHOLE: 30 Feet	MONITORING DEVICE: OVM (PID)	M/H Representative / OFFICE: D. Schnell/Warren	
	DRILLING CONTRACTOR / DRILLER: Summit / Steve Yotcoski	DRILLING EQUIPMENT: Mobile B-80 Rig	DRILLING METHOD (BIT): Air Rotary (6" bits)		
SAMPLING METHOD: Not sampled	DEPTH TO GROUNDWATER: 17.90 ft. from TIC	GS / TIC ELEVATION: 111.29' / 111.05' above MSL	PERMANENT WELL INSTALLED? Yes		
WELL PERMIT NUMBER: 25-52837	MEMO: Depth to groundwater was measured in the well on 8/13/98.				

DEPTH (feet)	OVM (gpm)	REC (#)	SOIL/ROCK DESCRIPTION	FIELD NOTES & MONITORING WELL DIAGRAM
1		N/A	Asphalt and Fill (0-2')	
2		N/A	Red-brown silty CLAY (2-6') some f Sand, tr rock fragments.	
3		N/A		
4				
5	0			
6	0			
7		N/A	Red SILTSTONE (6-30')	
8				
9				
10	0			
11				
12				
13				
14				
15	0		Possible water entering borehole at 15'.	
16	0		Possible water entering borehole at 16'.	
17				
18				
19				
20	0			
21				
22				
23				
24				
25	0			
26				
27	0		Possible water in borehole at 27'. Soft from 27'-29'.	
28				
29			Hard at 29.5'.	
30	0		End of boring at 30 feet bgs	

MONITORING WELL LOG

Page 1 of 3

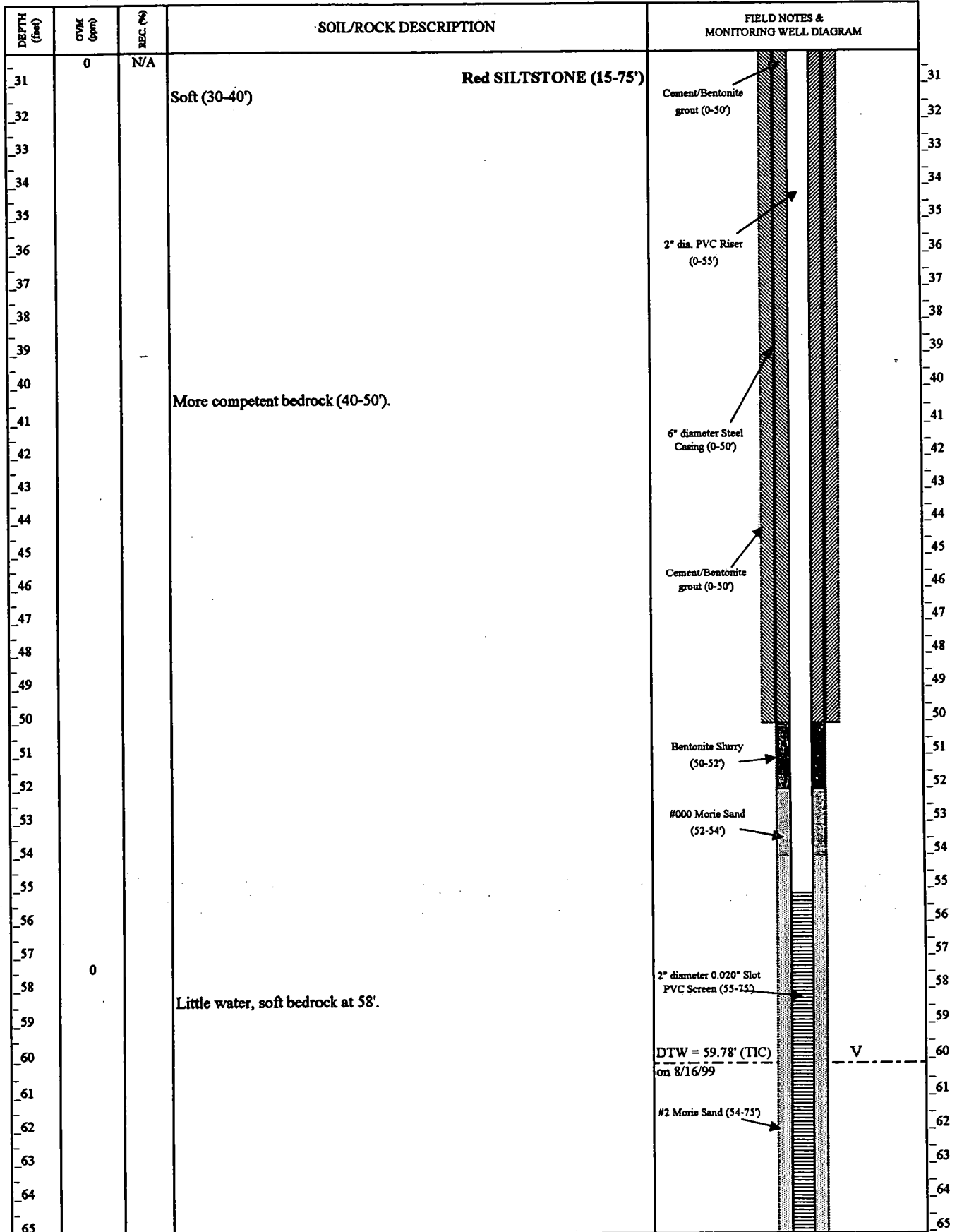
		PROJECT NAME: Ortho-Clinical Diagnostics, Inc.		PROJECT NO.: 120802121012.001	Well No: MW-34D LOCATION SKETCH
		PROJECT LOCATION: 1001 Route 202 North, Raritan, New Jersey			
COMPLETION DATE: August 12, 1999	TOTAL DEPTH OF BOREHOLE: 75 Feet	MONITORING DEVICE: OVM (PID)		M/H Representative / OFFICE: D. Schnell/Warren	
DRILLING CONTRACTOR / DRILLER: Summit / Steve Yotcoski		DRILLING EQUIPMENT: Mobile B-80 Rig		DRILLING METHOD (BIT): Air Rotary (10" and 6" bits)	
SAMPLING METHOD: Not sampled	DEPTH TO GROUNDWATER: 59.78 ft. from TIC	GS / TIC ELEVATION: 111.56' / 111.17' above MSL		PERMANENT WELL INSTALLED? Yes	
WELL PERMIT NUMBER: 25-54674		MEMO: Depth to groundwater was measured in the well on 8/16/99.			

DEPTH (feet)	OVM (gpm)	REC (%)	SOIL/ROCK DESCRIPTION	FIELD NOTES & MONITORING WELL DIAGRAM
0				
1		N/A	Begin drilling with 10" roller bit (0-10')	
2			Asphalt and Gravel (0-2')	
3		N/A		
4			Native brown Topsoil (2-5')	
5				
6	0	N/A	Dark brown CLAY (5-10')	
7			some Silt, tr Gravel	
8				
9				
10				
11	0	N/A	Begin drilling with 10" hammer bit	
12			Weathered red SHALE (10-15')	
13				
14				
15				
16	0	N/A	Red SILTSTONE (15-25')	
17				
18				
19				
20				
21	0			
22				
23				
24				
25	0			
26				
27				
28				
29				
30				

WELL LOG


Page 2 of 3

	PROJECT NAME: Ortho-Clinical Diagnostics, Inc.	PROJECT NO.: 120802121012.001	Well No: MW-34D
	PROJECT LOCATION: Raritan, New Jersey		



WELL LOG



Page 3 of 3

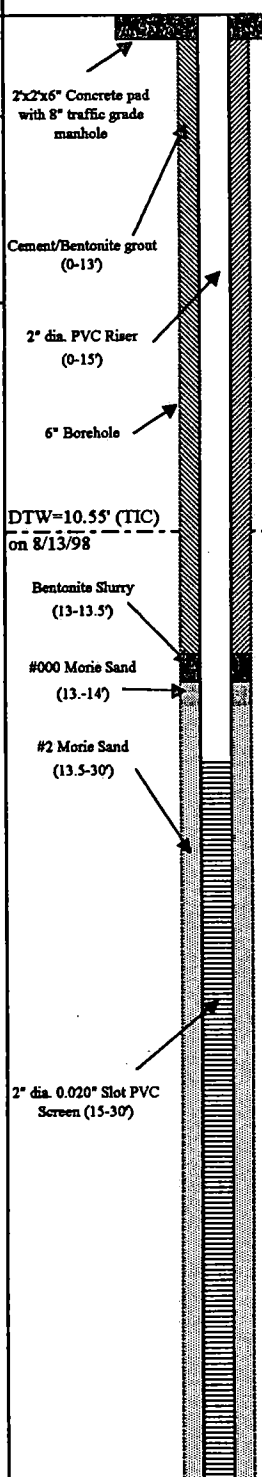
	PROJECT NAME: Ortho-Clinical Diagnostics, Inc.	PROJECT NO.: 120802121012.001	Well No: MW-34D
	PROJECT LOCATION: Raritan, New Jersey		

DEPTH (feet)	GVA (gpm)	REC. NO.	SOIL/ROCK DESCRIPTION	FIELD NOTES & MONITORING WELL DIAGRAM
66		N/A		
67				
68				
69	0		Soft bedrock at 68'.	2" diameter 0.020" Slot PVC Screen (55-75')
70				
71				
72				#2 Monie Sand (54-75')
73				
74				
75			End of boring at 75 feet bgs.	
76				
77				
78				
79				
80				
81				
82				
83				
84				
85				
86				
87				
88				
89				
90				
91				
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93				
94				
95				
96				
97				
98				
99				
100				

MONITORING WELL LOG



Page 1 of 1

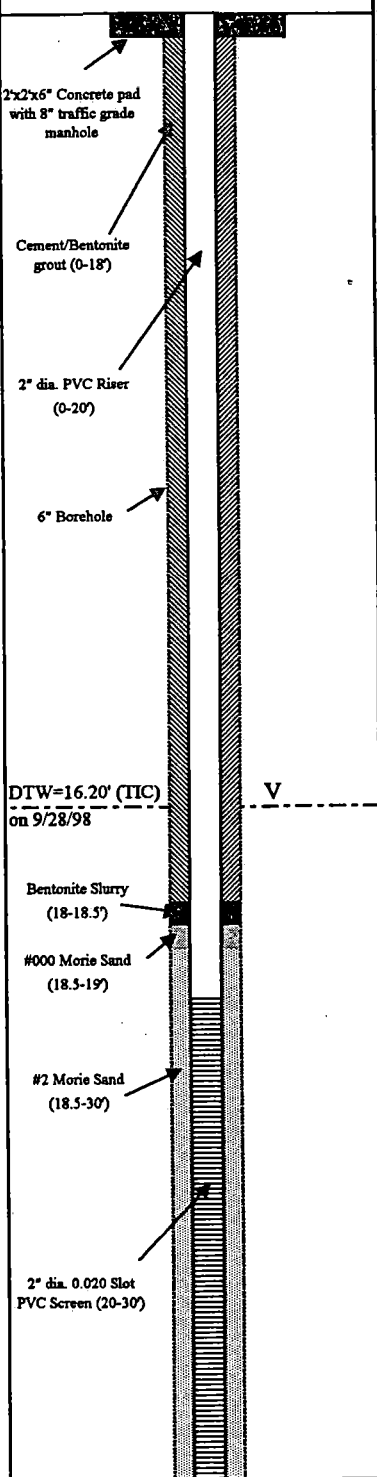
	PROJECT NAME: Ortho-Clinical Diagnostics, Inc.		PROJECT NO.: 120802121012.001		Well No: MW-35
	PROJECT LOCATION: 1001 Route 202 North, Raritan, New Jersey				LOCATION SKETCH 
COMPLETION DATE: August 14, 1998	TOTAL DEPTH OF BOREHOLE: 30 Feet	MONITORING DEVICE: OVM (PID)		M/H Representative / OFFICE: D. Schnell/Warren	
DRILLING CONTRACTOR / DRILLER: Summit / Steve Yotcoski	DRILLING EQUIPMENT: Mobile B-80 Rig	DRILLING METHOD (BIT): Air Rotary (6" bits)			
SAMPLING METHOD: Not sampled	DEPTH TO GROUNDWATER: 10.55 ft. from TIC	GS / TIC ELEVATION: 111.79' / 111.46' above MSL		PERMANENT WELL INSTALLED? Yes	
WELL PERMIT NUMBER: 25-52838	MEMO: Depth to groundwater was measured in the well on 8/13/98.				

DEPTH (feet)	OVM (open)	REC. (%)	BLOWS / ft	SOIL/ROCK DESCRIPTION	FIELD NOTES & MONITORING WELL DIAGRAM
1		N/A	N/A	Grass and Top Soil (0-2')	
2		N/A	N/A	Red-brown silty CLAY (2-6') some f Sand, tr rock fragments.	
3		N/A	N/A		
4					
5	0				
6	0				
7		N/A	N/A	Red SILTSTONE (6-30')	
8					
9					
10	0				
11					
12				Possible water at 12'.	
13					
14				Hard at 14'.	
15	0				
16	0				
17					
18				Slightly damp at 18'.	
19					
20	0				
21					
22					
23					
24				Possible water at 24'.	
25	0				
26					
27	0				
28					
29					
30	0			End of boring at 30 feet bgs	

MONITORING WELL LOG



Page 1 of 1

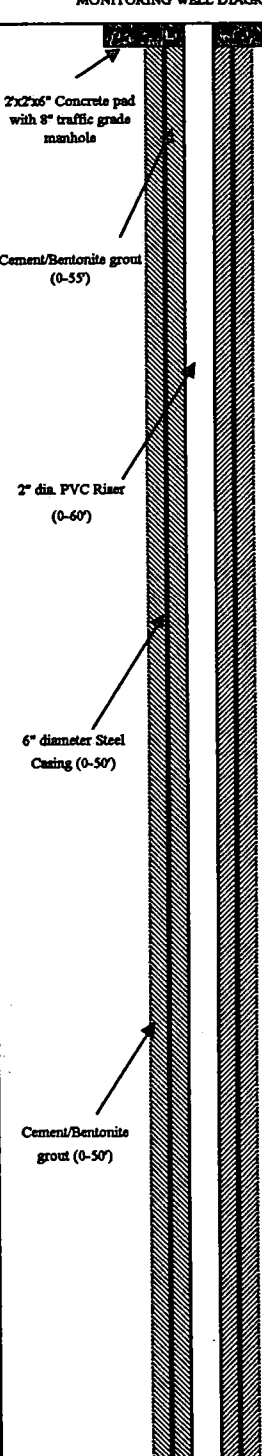
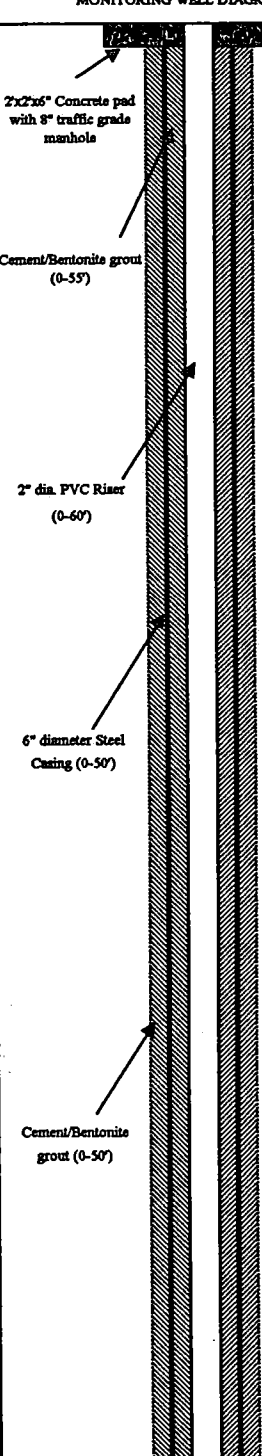
	PROJECT NAME: Ortho-Clinical Diagnostics, Inc.		PROJECT NO.: 120802121012.001		Well No: MW-36	
	PROJECT LOCATION: 1001 Route 202 North, Raritan, New Jersey					LOCATION SKETCH  N
COMPLETION DATE: September 29, 1998	TOTAL DEPTH OF BOREHOLE: 30 Feet	MONITORING DEVICE: OVM (PID)		M/H Representative / OFFICE: D. Schnell/Warren		
DRILLING CONTRACTOR / DRILLER: Summit / Steve Yotcoski		DRILLING EQUIPMENT: Mobile B-80 Rig		DRILLING METHOD (BIT): Air Rotary (6" bits)		
SAMPLING METHOD: Not sampled	DEPTH TO GROUNDWATER: 16.20 ft. from TIC	GS / TIC ELEVATION: 116.29' / 115.95' above MSL		PERMANENT WELL INSTALLED? Yes		
WELL PERMIT NUMBER: 25-52839	MEMO: Depth to groundwater was measured in the well on 9/28/98.					

DEPTH (feet)	OVM (gpm)	REC. NO.	SOIL/ROCK DESCRIPTION	FIELD NOTES & MONITORING WELL DIAGRAM
1		N/A	Asphalt and Gravel (0-2')	
2		N/A	Red-brown silty CLAY (2-6') some f Sand, tr rock fragments.	
3		N/A		
4		N/A		
5		N/A		
6		N/A		
7		N/A	Red SILTSTONE (6-30')	
8		N/A		
9		N/A		
10		N/A		
11		N/A		
12		N/A		
13		N/A		
14		N/A		
15		N/A		
16	0	N/A		
17		N/A		
18	7.9	N/A		
19		N/A		
20	90	N/A	Strong TCE odor at 20'.	
21		N/A		
22		N/A		
23		N/A		
24	113	N/A		
25		N/A		
26	109.5	N/A		
27		N/A		
28	117.3	N/A		
29		N/A		
30	207.1	N/A	End of boring at 30 feet bgs	

MONITORING WELL LOG

Page 1 of 3

		PROJECT NAME: Ortho-Clinical Diagnostics, Inc.		PROJECT NO.: 120802121012.001		Well No: MW-37			
		PROJECT LOCATION: 1001 Route 202 North, Raritan, New Jersey				LOCATION SKETCH  N			
COMPLETION DATE: August 13, 1999		TOTAL DEPTH OF BOREHOLE: 80 Feet		MONITORING DEVICE: OVM (PID)				M/H Representative / OFFICE: D. Schnell/Warren	
DRILLING CONTRACTOR / DRILLER: Summit / Steve Yotcoski		DRILLING EQUIPMENT: Mobile B-80 Rig		DRILLING METHOD (BIT): Air Rotary (6" and 10" bits)					
SAMPLING METHOD: Not sampled		DEPTH TO GROUNDWATER: 62.56 ft. from TIC		GS / TIC ELEVATION: 115.15 / 114.69' above MSL				PERMANENT WELL INSTALLED? Yes	
WELL PERMIT NUMBER: 25-54675		MEMO: Depth to groundwater was measured in the well on 8/16/99.							

DEPTH (feet)	OVM (ft)	DEC (°)	SOIL/ROCK DESCRIPTION	FIELD NOTES & MONITORING WELL DIAGRAM
1		N/A	Begin drilling with 10" roller bit.	 <p>2'x2'x6" Concrete pad with 8" traffic grade manhole</p> <p>Cement/Bentonite grout (0-55')</p> <p>2" dia. PVC Risar (0-60')</p> <p>6" diameter Steel Casing (0-50')</p> <p>Cement/Bentonite grout (0-50')</p>
2			Asphalt (0-2')	
3		N/A	Red-brown CLAY (5-10') some Gravel	
4				
5	0			
6				
7				
8				
9				
10				
11	0	N/A	Begin drilling with 10" hammer bit.	 <p>2'x2'x6" Concrete pad with 8" traffic grade manhole</p> <p>Cement/Bentonite grout (0-55')</p> <p>2" dia. PVC Risar (0-60')</p> <p>6" diameter Steel Casing (0-50')</p> <p>Cement/Bentonite grout (0-50')</p>
12			Red SILTSTONE (10-80')	
13				
14				
15	0			
16				
17				
18				
19	2.1			
20				
21	0.6			
22	14.8			
23	4			
24				
25	12.8			
26	3.6		Soft (26-34').	
27	4			
28	0.2		Wet at 28'.	
29				
30				

WELL LOG

Page 2 of 3



PROJECT NAME: Ortho-Clinical Diagnostics, Inc.	PROJECT NO.: 120802121012.001	Well No: MW-37
PROJECT LOCATION: Raritan, New Jersey		

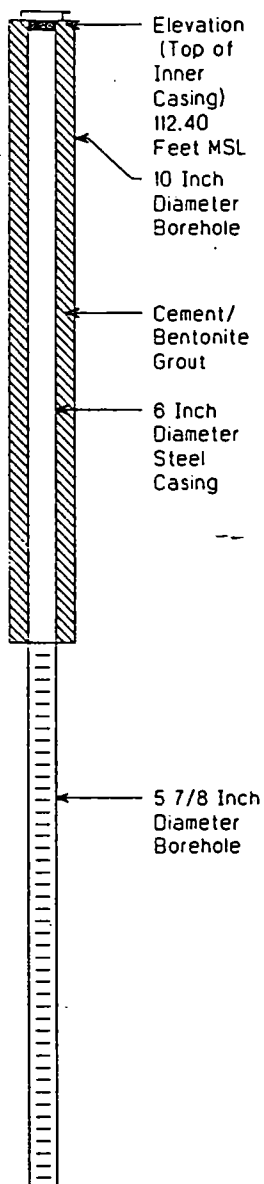
DEPTH (feet)	QTM (psi)	REC. (%)	SOIL/ROCK DESCRIPTION	FIELD NOTES & MONITORING WELL DIAGRAM
31	2.5	N/A	Red SILTSTONE (10-80')	<p>Cement/Bentonite grout (0-55')</p> <p>2" dia. PVC Riser (0-60')</p> <p>6" diameter Steel Casing (0-50')</p> <p>Cement/Bentonite grout (0-50')</p>
32				
33	0.4			
34	0			
35			Consistently harder (34-50').	
36				
37	0.2			
38				
39			More competent bedrock (40-50').	
40				
41	0			
42				
43	0			
44				
45				
46	0.4			
47				
48	0.2			
49				
50	0			
51			Begin drilling with 6" hammer bit.	<p>Cement/Bentonite grout (0-55')</p> <p>Bentonite Slurry (55-58')</p> <p>#000 Morie Sand (58-59')</p> <p>2" diameter 0.020" Slot PVC Screen (60-80')</p>
52	0		Soft at 53'.	
53				
54				
55	0		Soft at 56'.	
56				
57	0			
58				
59				
60	0			
61				
62				
63				DTW = 62.56' (TIC) on 8/16/99
64				#2 Morie Sand (59-80')
65				

WELL LOG

Page 3 of 3

	PROJECT NAME:	PROJECT NO.:	Well No:
	Ortho-Clinical Diagnostics, Inc.	120802121012.001	MW-37
	PROJECT LOCATION:		
Raritan, New Jersey			

DEPTH (feet)		CPL (gpm)	REC. (ft)	SOIL/ROCK DESCRIPTION	FIELD NOTES & MONITORING WELL DIAGRAM
66	0	N/A		Red SILTSTONE (10-80')	<p>2" diameter 0.020" Slot PVC Screen (60-80')</p> <p>#2 Morris Sand (59-80')</p>
67					
68					
69	0				
70	0			Lense of fine to medium Sand at 70'.	
71					
72					
73				Lense of fine to medium Sand at 73'.	
74					
75					
76	0				
77					
78					
79	0				
80				End of boring at 80 feet bgs.	
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					

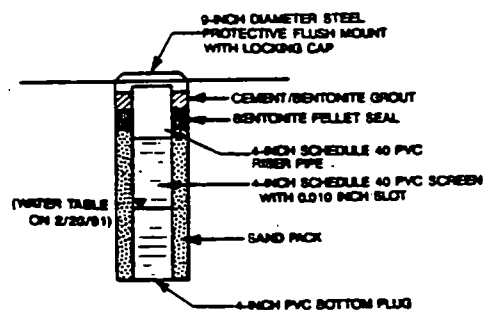
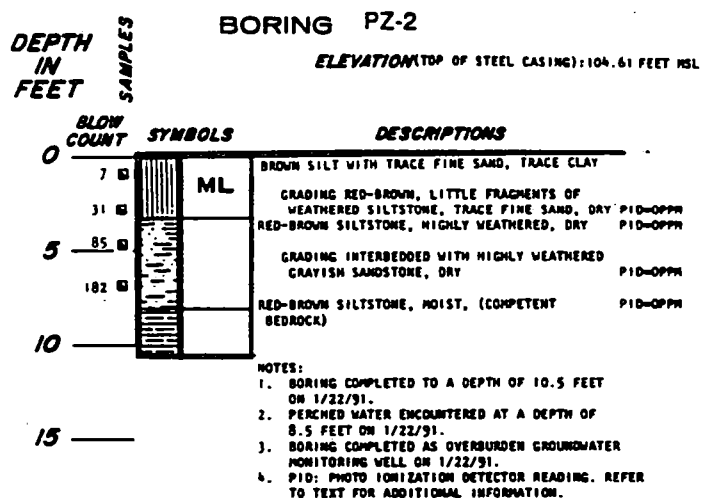
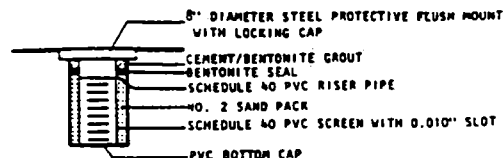
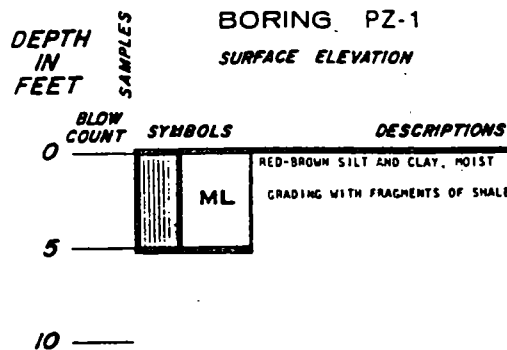
WELL
CONSTRUCTION

DEPTH (feet)	SAMPLE NUMBER	BLOWS/FT.	GROUNDWATER DEPTH	SAMPLES	SOIL CLASS	GRAPHIC LOG	MATERIALS DESCRIPTION
5							BROWN MEDIUM SAND, SOME ORGANIC MATERIAL, TRACE GRAVEL, PID 0 ppm
							TAN TO BROWN MEDIUM TO COARSE SAND, (FILL) PID 0ppm
10							RED-BROWN SILTSTONE, EXTREMELY WEATHERED, SOME SILT, TRACE CLAY (WEATHERED BEDROCK) PID 0ppm
15							RED-BROWN SILTSTONE, (COMPETENT BEDROCK), DRY, PID 0ppm
20							
25							
30							
35							
40							
							NOTES: 1. CASING SET TO DEPTH OF 16 FEET. 2. OVERBURDEN SAMPLED CONTINUOUSLY WITH SPLIT SPOONS. 3. BORING COMPLETED AT A DEPTH OF 30 FEET. 4. BORING FINISHED AS A GROUNDWATER MONITORING WELL ON 1/21/92. 5. PID: PHOTO IONIZATION DETECTOR READING - SEE TEXT FOR ADDITIONAL INFORMATION. 6. DEPTH TO GROUNDWATER MEASURED AT 17.46 FEET ON 2/17/92.

Dames & Moore
Cranford, New Jersey

LOG OF BORING AND WELL DETAILS MW-MT

CLIENT NAME CRTH DIAGNOSTIC LOCATION RARITAN, NEW JERSEY
 SAMPLING METHOD SPT DRILLING METHOD AIR HAMMER
 TOTAL DEPTH OF HOLE 30 Feet JOB NUMBER 17920-003



LOG OF BORING AND MONITORING WELL DETAILS

APPENDIX R

Monitoring Well Certification Form A's

Monitoring Well Certification Form A's are not available for the following wells:
MW-1, MW-2, MW-3, MW-4, MW-5, MW-6, MW-7, MW-8,
MW-9, MW-18, MW-19, MW-MT, and PZ-2.

THIS FORM MUST BE COMPLETED BY THE PERMITTEE OR HIS/HER AGENT

GROUND WATER

MONITORING WELL CERTIFICATION - FORM A - AS-BUILT CERTIFICATION
(One form must be completed for each well)

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: US ROUTE 202 NORTH
RARITAN, NJ 08869
PDES Permit No: NJ0057894

ENGINEER'S CERTIFICATION

1. Permit Number (As assigned by NJDEP's Water
Location Section (609-984-6831):
This number must be permanently affixed to the
well casing.

2 5 3 6 5 4 1 0

2. Well Number (As shown on the application
plans):

MW-10

3. Completion Date:

6/22/90

4. Distance from Top of Casing (cap off) to ground
surface (one-hundredth of a foot):

-0.21

5. Total Depth of Well (one-tenth of a foot):

33.0

6. Depth to Top of Screen From Top of Casing

(one-tenth of a foot): (top of open hole)

20.0

7. Screen Length (feet): (open hole interval)

13.0

8. Screen or Slot Size:

NA

9. Screen Material:

NA

10. Casing Material: (PVC, Steel or Other-Specify):

Stainless Steel

11. Casing Diameter (Inches):

6

12. Static Water Level From Top of Casing at The

Time of Certification (one-hundredth of a foot):

28.29

13. Yield (Gallons per Minute):

14. Length or time Well Pumped or Bailed:

Hours

Minutes

15. Hydrologic Log:

ATTACH ON BACK

CERTIFICATION:

I certify under penalty of law that I have personally examined and am
familiar with the information submitted in this document and all attach-
ments and that, based on my inquiry of those individuals immediately
responsible for obtaining the information, I believe the submitted
information is true, accurate and complete. I am aware that there are
significant penalties for submitted false information including the
possibility of fine and imprisonment.

James T. Dette
Professional Engineer's Signature

JAMES T. DETTE
Professional Engineer's Name
(Please type or print)

9553
Professional Engineer's License #

SEAL

GROUND WATER

MONITORING WELL CERTIFICATION - FORM A - AS-BUILT CERTIFICATION

(One form must be completed for each well)

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
 Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
 Location: US ROUTE 202 NORTH
RARITAN, NJ 08869
 NJDES Permit No: NJ0057894

ENGINEER'S CERTIFICATION

Well Permit Number (As assigned by NJDEP's Water
 Pollution Section (609-984-6831):
 This number must be permanently affixed to the
 well casing.

2 5 3 6 5 4 2 8

Well's Well Number (As shown on the application
 plans):

MW-11

Well Completion Date:

7/3/90

Distance from Top of Casing (cap off) to ground
 surface (one-hundredth of a foot):

-0.35

Total Depth of Well (one-tenth of a foot):

27.2

Distance from Top of Screen From Top of Casing
 (one-tenth of a foot): (to top of open hole)

10.6

Screen Length (feet): (open hole interval)

16.6

Screen or Slot Size:

NA

Screen Material:

NA

Casing Material: (PVC, Steel or Other-Specify):

Stainless Steel

Casing Diameter(Inches):

6

Static Water Level From Top of Casing at The
 Date of Certification(one-hundredth of a foot):

15.12

Yield (Gallons per Minute):

Length or time Well Pumped or Bailed:

Hours Minutes

Geologic Log:

ATTACH ON BACK

CERTIFICATION:

I certify under penalty of law that I have personally examined and am
 familiar with the information submitted in this document and all attach-
 ments and that, based on my inquiry of those individuals immediately
 responsible for obtaining the information, I believe the submitted
 information is true, accurate and complete. I am aware that there are
 significant penalties for submitted false information including the
 possibility of fine and imprisonment.

James T. Dette

Professional Engineer's Signature

JAMES T. DETTE

Professional Engineer's Name
 (Please type or print)

SEAL

9555

Professional Engineer's License #

- THIS FORM MUST BE COMPLETED BY THE PERMITTEE OR HIS/HER AGENT

GROUND WATER MONITORING WELL CERTIFICATION - FORM B
LOCATION CERTIFICATION

Name of Permittee: Ortho Diagnostics
Name of Facility: Ortho Diagnostics
Location: Raritan, NJ
NJDES Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number (As assigned by NJDEP's
Water Allocation Section, 609-984-6831)
This number must be permanently affixed
to the well casing.

22 - 21 342 - 1

Longitude (one-tenth of a second): West 74 38 55.6
Latitude (one-tenth of a second): North 40 34 18.2
Elevation of Top of Casing (cap off)
(one-hundredths of a foot): RIM 117.79 Casing 117.29
Owners Well Number (As shown on the
application or plans): MW-12

AUTHENTICATION

I certify under penalty of law that I have personally examined
and am familiar with the information submitted in this document
and all attachments and that, based on my inquiry of those indi-
viduals immediately responsible for obtaining the information, I
believe the submitted information is true, accurate and complete.
I am aware that there are significant penalties for submitting
false information including the possibility of fine and imprison-
ment.

Richard C. Mathews
PROFESSIONAL LAND SURVEYOR'S SIGNATURE

Richard C. Mathews

PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

New Jersey License #29353

PROFESSIONAL LAND SURVEYOR'S LICENSE #

The Department reserves the right in cases of violation of permit
specified ground water limits or Ground Water Quality Standards
(N.J.A.C. 7:9-6.1 et seq.) to require that wells be resurveyed to
an accuracy of one-hundredth of a second latitude and longitude.
This shall not be considered to require a major modification of
the NJPDES permit.

GROUND WATER

MONITORING WELL CERTIFICATION - FORM A - AS-BUILT CERTIFICATION
(One form must be completed for each well)

of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
 of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
 Location: US ROUTE 202 NORTH
RARITAN, NJ 08869
 NJDES Permit No: NJ0057894

ENGINEER'S CERTIFICATION

Permit Number (As assigned by NJDEP's Water
 Location Section (609-984-6831):
 number must be permanently affixed to the
 casing.

2 5 3 6 5 4 4 -4

Well Number (As shown on the application
 plans):

MW-13

Completion Date:

7/2/90

Distance from Top of Casing (cap off) to ground
 surface (one-hundredth of a foot):

-0.21

Total Depth of Well (one-tenth of a foot):

33.5

Depth to Top of Screen From Top of Casing
 (one-tenth of a foot): (to top of open hole)

11.75

Screen Length (feet): (open hole interval)

21.75

Screen or Slot Size:

NA

Screen Material:

NA

Screen Material: (PVC, Steel or Other-Specify):

Stainless Steel

Screen Diameter (Inches):

6

Static Water Level From Top of Casing at The
 Date of Certification (one-hundredth of a foot):

24.26

Flow Rate (Gallons per Minute):

Length or time Well Pumped or Bailed:

Hours

Minutes

Geologic Log:

ATTACH ON BACK

CERTIFICATION:

I certify under penalty of law that I have personally examined and am
 familiar with the information submitted in this document and all attach-
 ments and that, based on my inquiry of those individuals immediately
 responsible for obtaining the information, I believe the submitted
 information is true, accurate and complete. I am aware that there are
 significant penalties for submitted false information including the
 possibility of fine and imprisonment.

James T. Dette

Professional Engineer's Signature

JAMES T. DETTE

Professional Engineer's Name

(Please type or print)

SEAL

9555

Professional Engineer's License #

GROUND WATER**MONITORING WELL CERTIFICATION - FORM A - AS-BUILT CERTIFICATION**

(One form must be completed for each well)

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
 Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
 Location: US ROUTE 202 NORTH
RARITAN, NJ 08869
 JPDES Permit No: NJ0057894

ENGINEER'S CERTIFICATION

Well Permit Number (As assigned by NJDEP's Water
 Location Section (609-984-6831):
 This number must be permanently affixed to the
 well casing.

2 5 3 6 5 4 5 2

Well Number (As shown on the application
 plans):

MW-14

Well Completion Date:

6/26/90

Distance from Top of Casing (cap off) to ground
 surface (one-hundredth of a foot):

-0.28

Total Depth of Well (one-tenth of a foot):

34

Depth to Top of Screen From Top of Casing
 (one-tenth of a foot): (to top of open hole)

20.0

Screen Length (feet): (open hole interval)

14.0

Screen or Slot Size:

NA

Casing Material:

NA

Casing Material: (PVC, Steel or Other-Specify):

Stainless Steel

Casing Diameter(Inches):

6

Static Water Level From Top of Casing at The
 Time of Certification (one-hundredth of a foot):

17.87

Yield (Gallons per Minute):

Length or time Well Pumped or Bailed:

Hours

Minutes

Geologic Log:

ATTACH ON BACK

CERTIFICATION:

I certify under penalty of law that I have personally examined and am
 familiar with the information submitted in this document and all attach-
 ments and that, based on my inquiry of those individuals immediately
 responsible for obtaining the information, I believe the submitted
 information is true, accurate and complete. I am aware that there are
 significant penalties for submitting false information including the
 possibility of fine and imprisonment.

James T. Dette
 Professional Engineer's Signature

JAMES T. DETTE
 Professional Engineer's Name
 (Please type or print)

9555
 Professional Engineer's License #

SEAL

GROUND WATER
MONITORING WELL CERTIFICATION - FORM A - AS-BUILT CERTIFICATION
(One form must be completed for each well)

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: US ROUTE 202 NORTH
RARITAN, NJ 08869
NJDES Permit No: NJ0057894

ENGINEER'S CERTIFICATION

Well Permit Number (As assigned by NJDEP's Water Allocation Section (609-984-6831):
This number must be permanently affixed to the well casing.

2 5 3 6 9 4 1 5

Owner's Well Number (As shown on the application or plans):

MW-15

Well Completion Date:

6/26/90

Distance from Top of Casing (cap off) to ground surface (one-hundredth of a foot):

-0.26

Total Depth of Well (one-tenth of a foot):

25

Depth to Top of Screen From Top of Casing (one-tenth of a foot): (to top of open hole)

12.5

Screen Length (feet): (open hole interval)

12.5

Screen or Slot Size:

NA

Screen Material:

NA

Casing Material: (PVC, Steel or Other-Specify):

Stainless steel

Casing Diameter(Inches):

6

Static Water Level From Top of Casing at The

Time of Certification(one-hundredth of a foot):

12.3

Yield (Gallons per Minute):

Length or time Well Pumped or Bailed:

Hours

Minutes

Geologic Log:

ATTACH ON BACK

CERTIFICATION:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitted false information including the possibility of fine and imprisonment.

James T. Delle
Professional Engineer's Signature

JAMES T. DETTE
Professional Engineer's Name
(Please type or print)

9555
Professional Engineer's License #

SEAL

GROUND WATER**MONITORING WELL CERTIFICATION - FORM A - AS-BUILT CERTIFICATION**

(One form must be completed for each well)

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
 Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
 Location: US ROUTE 202 NORTH
RARITAN, NEW JERSEY 08869
 PDES Permit No: NJ0057894

ENGINEER'S CERTIFICATION

1. Permit Number (As assigned by NJDEP's Water
 Location Section (609-984-6831):

2. Number must be permanently affixed to the
 3. casing.

2 5 3 6 5 4 6 -

4. Well Number (As shown on the application
 plans):

MW-16

5. Completion Date:

6/27/90

6. Distance from Top of Casing (cap off) to ground

7. Surface (one-hundredth of a foot):

-0.35

8. Total Depth of Well (one-tenth of a foot):

31.0

9. Depth to Top of Screen From Top of Casing

10. (one-tenth of a foot): (to top of open borehole)

20.0

11. Screen Length (feet): (open borehole interval)

11.0

12. Screen or Slot Size:

NA

13. Screen Material:

NA

14. Casing Material: (PVC, Steel or Other-Specify):

Stainless Steel

15. Casing Diameter (Inches):

6

16. Static Water Level From Top of Casing at The

17. Date of Certification (one-hundredth of a foot):

13.81

18. Yield (Gallons per Minute):

19. Length or time Well Pumped or Bailed:

Hours Minutes

20. Hydrologic Log:

ATTACH ON BACK

CERTIFICATION:

I certify under penalty of law that I have personally examined and am
 familiar with the information submitted in this document and all attach-
 ments and that, based on my inquiry of those individuals immediately
 responsible for obtaining the information, I believe the submitted
 information is true, accurate and complete. I am aware that there are
 significant penalties for submitted false information including the
 possibility of fine and imprisonment.

Signature of Professional Engineer: James T. Dettie
 Professional Engineer's Signature

Name of Professional Engineer: JAMES T. DETTIE
 Professional Engineer's Name

(Please type or print)

Professional Engineer's License # 9555

SEAL

GROUND WATER
MONITORING WELL CERTIFICATION - FORM A - AS-BUILT CERTIFICATION
(One form must be completed for each well)

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: US ROUTE 202 NORTH
RARITAN, NEW JERSEY 08869
PDES Permit No: NJ0057894

ENGINEER'S CERTIFICATION

1. Permit Number (As assigned by NJDEP's Water Location Section (609-984-6831):
This number must be permanently affixed to the well casing.

2 5 3 6 5 4 7 9

2. Well Number (As shown on the application plans):

MW-17

3. Completion Date:

6/26/90

4. Distance from Top of Casing (cap off) to ground surface (one-hundredth of a foot):

-0.49

5. Total Depth of Well (one-tenth of a foot):

26.5

6. Depth to Top of Screen From Top of Casing (one-tenth of a foot): (to top of open borehole)

12.0

7. Screen Length (feet): (open borehole interval)

14.5

8. Screen or Slot Size:

NA

9. Screen Material:

NA

10. Casing Material: (PVC, Steel or Other-Specify):

Stainless Steel

11. Casing Diameter (Inches):

6

12. Static Water Level From Top of Casing at the time of Certification (one-hundredth of a foot):

12.22

13. Yield (Gallons per Minute):

14. Length or time Well Pumped or Bailed:

Hours

Minutes

15. Hydrologic Log:

ATTACH ON BACK

CERTIFICATION:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitted false information including the possibility of fine and imprisonment.

James T. Dett
Professional Engineer's Signature

JAMES T. DETT
Professional Engineer's Name
(Please type or print)

9555
Professional Engineer's License #

SEAL

MONITORING WELL CERTIFICATION - FORM A: AS-BUILT CERTIFICATION

(one form must be completed for each well)

Name of Permittee: Ortho Diagnostic Systems, Inc.
Name of Facility: Ortho Diagnostic Systems, Inc.
Location: Raritan, New Jersey
NJPDDES-DGW Permit No.: NJ0057894


CERTIFICATION

Well Permit Number (as assigned by NJDEP's
Bureau of Water Allocation): 25-38109-1
Owner's Well Number (as shown on the application
of plans): MW-20
Well Completion Date: 2/8/91
Distance From Top of Casing (cap off) to ground
surface (one-hundredth of a foot): -0.28
Total Depth of Well (one-hundredth of a foot): 30.0
Depth to Top of Open Hole From Top of Casing
(one-hundredth of a foot): 16.32
Open Hole Length (feet): 13.40
Screen or Slot Size: NA
Screen or Slot Material: NA
Casing Material: (PVC, Steel, or Other - Specify): Stainless Steel
Casing Diameter (inches): 6-inch
Static Water Level From Top of Casing at the Time of
Installation (one-hundredth of a foot): 20.35
Yield (gallons per minute): _____
Length of Time Well Pumped or Bailed: _____
Lithologic Log: Attached

AUTHENTICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Richard Green
Name (type or print)


Signature

Dames & Moore
Company

26731
Certification or License No.

Seal

Certification by Executive Officer or Duly Authorized Representative

Name (type or print)

Signature

Title

Date

MONITORING WELL CERTIFICATION - FORM A: AS-BUILT CERTIFICATION

(one form must be completed for each well)

Name of Permittee: Ortho Diagnostic Systems, Inc.
Name of Facility: Ortho Diagnostic Systems, Inc.
Location: Raritan, New Jersey
NJDES-DGW Permit No.: NJ0057894

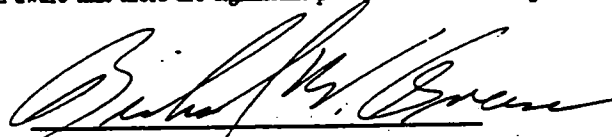
CERTIFICATION

Well Permit Number (as assigned by NJDEP's
Bureau of Water Allocation): 25-38110-5
Owner's Well Number (as shown on the application
of plans): MW-21
Well Completion Date: 2/8/91
Distance From Top of Casing (cap off) to ground
surface (one-hundredth of a foot): -0.37
Total Depth of Well (one-hundredth of a foot): 30.0
Depth to Top of Open Hole From Top of Casing
(one-hundredth of a foot): 14.00
Open Hole Length (feet): 15.6
Screen or Slot Size: NA
Screen or Slot Material: NA
Casing Material: (PVC, Steel, or Other - Specify): Stainless Steel
Casing Diameter (inches): 6-inch
Static Water Level From Top of Casing at the Time of
Installation (one-hundredth of a foot): 8.30
Yield (gallons per minute): _____
Length of Time Well Pumped or Bailed: _____
Lithologic Log: Attached

AUTHENTICATION

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Richard Green
Name (type or print)


Signature

Dames & Moore
Company

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Certification or License No.

Seal

Certification by Executive Officer or Duly Authorized Representative

Name (type or print)

Signature

Title

Date

MONITORING WELL CERTIFICATION - FORM A: AS-BUILT CERTIFICATION

(one form must be completed for each well)

Name of Permittee: Ortho Diagnostic Systems, Inc.
Name of Facility: Ortho Diagnostic Systems, Inc.
Location: Raritan, New Jersey
NJPDES-DGW Permit No.: NJ0057894

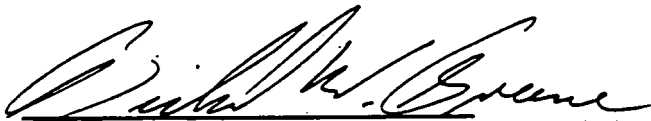
CERTIFICATION

Well Permit Number (as assigned by NJDEP's Bureau of Water Allocation):	<u>25-38111-3</u>
Owner's Well Number (as shown on the application of plans):	<u>MW-22</u>
Well Completion Date:	<u>2/8/91</u>
Distance From Top of Casing (cap off) to ground surface (one-hundredth of a foot):	<u>-0.26</u>
Total Depth of Well (one-hundredth of a foot):	<u>30.0</u>
Depth to Top of Open Hole From Top of Casing (one-hundredth of a foot):	<u>11.2</u>
Open Hole Length (feet):	<u>18.5</u>
Screen or Slot Size:	<u>NA</u>
Screen or Slot Material:	<u>NA</u>
Casing Material: (PVC, Steel, or Other - Specify):	<u>Stainless Steel</u>
Casing Diameter (inches):	<u>6-inch</u>
Static Water Level From Top of Casing at the Time of Installation (one-hundredth of a foot):	<u>8.32</u>
Yield (gallons per minute):	<u> </u>
Length of Time Well Pumped or Bailed:	<u> </u>
Lithologic Log:	<u>Attached</u>

AUTHENTICATION

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Richard Green
Name (type or print)


Signature

Dames & Moore
Company

26731
Certification or License No.

Seal

Certification by Executive Officer or Duly Authorized Representative

Name (type or print)

Signature

Title

Date

(one form must be completed for each well)

CERTIFICATION

AUTHENTICATION

Signature _____

MONITORING WELL CERTIFICATION - FORM A: AS-BUILT CERTIFICATION

(one form must be completed for each well)

Name of Permittee: Ortho Diagnostic Systems, Inc.
Name of Facility: Ortho Diagnostic Systems, Inc.
Location: Raritan, New Jersey
NJPDES-DGW Permit No.: NJ0057894

CERTIFICATION

Well Permit Number (as assigned by NJDEP's
Bureau of Water Allocation): 25-38814-2
Owner's Well Number (as shown on the application
of plans): MW-24
Well Completion Date: 6/4/91
Distance From Top of Casing (cap off) to ground
surface (one-hundredth of a foot): 0.53 (below grade)
Total Depth of Well (one-hundredth of a foot): 80.00
Depth to Top of Open Hole From Top of Casing
(one-hundredth of a foot): 54.47
Open Hole Length (feet): 25.00
Screen or Slot Size: NA
Screen or Slot Material: NA
Casing Material: (PVC, Steel, or Other - Specify): Stainless Steel
Casing Diameter (inches): 6-inch
Static Water Level From Top of Casing at the Time of
Installation (one-hundredth of a foot): 47.72
Yield (gallons per minute): _____
Length of Time Well Pumped or Bailed: _____
Lithologic Log: Attached

AUTHENTICATION

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Cyril N. Okoye
Name (type or print)

Cyril N. Okoye
Signature

Dames & Moore
Company

GE 35299
Certification or License No.

Seal

Certification by Executive Officer or Duly Authorized Representative

Name (type or print)

Signature

Title

Date

MONITORING WELL CERTIFICATION - FORM A: AS-BUILT CERTIFICATION

(one form must be completed for each well)

Name of Permittee: Ortho Diagnostic Systems, Inc.
Name of Facility: Ortho Diagnostic Systems, Inc.
Location: Raritan, New Jersey
NJDES-DGW Permit No.: NJ0057894

CERTIFICATION

Well Permit Number (as assigned by NJDEP's Bureau of Water Allocation):	<u>25-38815-1</u>
Owner's Well Number (as shown on the application of plans):	<u>MW-25</u>
Well Completion Date:	<u>6/4/91</u>
Distance From Top of Casing (cap off) to ground surface (one-hundredth of a foot):	<u>0.61 (below grade)</u>
Total Depth of Well (one-hundredth of a foot):	<u>30.00</u>
Depth to Top of Open Hole From Top of Casing (one-hundredth of a foot):	<u>11.39</u>
Open Hole Length (feet):	<u>18.00</u>
Screen or Slot Size:	<u>NA</u>
Screen or Slot Material:	<u>NA</u>
Casing Material: (PVC, Steel, or Other - Specify):	<u>Stainless Steel</u>
Casing Diameter (inches):	<u>6-inch</u>
Static Water Level From Top of Casing at the Time of Installation (one-hundredth of a foot):	<u>11.65</u>
Yield (gallons per minute):	<u> </u>
Length of Time Well Pumped or Bailed:	<u> </u>
Lithologic Log:	<u>Attached</u>

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Name (type or print)

Cyril N. Okoye
Signature

Dames & Moore
Company
GE 35299
Certification or License No.

Seal

Certification by Executive Officer or Duly Authorized Representative

Name (type or print)

Signature

MONITORING WELL CERTIFICATION - FORM A: AS-BUILT CERTIFICATION

(one form must be completed for each well)

Name of Permittee: Ortho Diagnostic Systems, Inc.
Name of Facility: Ortho Diagnostic Systems, Inc.
Location: Raritan, New Jersey
NJPDES-DGW Permit No.: NJ0057894

CERTIFICATION

Well Permit Number (as assigned by NJDEP's Bureau of Water Allocation):	<u>25-38816-9</u>
Owner's Well Number (as shown on the application of plans):	<u>MW-26</u>
Well Completion Date:	<u>6/3/91</u>
Distance From Top of Casing (cap off) to ground surface (one-hundredth of a foot):	<u>0.28 (below grade)</u>
Total Depth of Well (one-hundredth of a foot):	<u>80.00</u>
Depth to Top of Open Hole From Top of Casing (one-hundredth of a foot):	<u>54.72</u>
Open Hole Length (feet):	<u>25.0</u>
Screen or Slot Size:	<u>NA</u>
Screen or Slot Material:	<u>NA</u>
Casing Material: (PVC, Steel, or Other - Specify):	<u>Stainless Steel</u>
Casing Diameter (inches):	<u>6-inch</u>
Static Water Level From Top of Casing at the Time of Installation (one-hundredth of a foot):	<u>55.88</u>
Yield (gallons per minute):	<u> </u>
Length of Time Well Pumped or Bailed:	<u> </u>
Lithologic Log:	<u>Attached</u>

AUTHENTICATION

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GE 35299
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Name (type or print)

Signature

Title

Date

MONITORING WELL CERTIFICATION - FORM A: AS-BUILT CERTIFICATION

(one form must be completed for each well)

Name of Permittee: Ortho Diagnostic Systems, Inc.
Name of Facility: Ortho Diagnostic Systems, Inc.
Location: Raritan, New Jersey
NJDES-DGW Permit No.: NJ0057894

CERTIFICATION

Well Permit Number (as assigned by NJDEP's Bureau of Water Allocation):	<u>25-38817-7</u>
Owner's Well Number (as shown on the application of plans):	<u>MW-27</u>
Well Completion Date:	<u>6/3/91</u>
Distance From Top of Casing (cap off) to ground surface (one-hundredth of a foot):	<u>0.58 (below grade)</u>
Total Depth of Well (one-hundredth of a foot):	<u>30.00</u>
Depth to Top of Open Hole From Top of Casing (one-hundredth of a foot):	<u>14.42</u>
Open Hole Length (feet):	<u>15.00</u>
Screen or Slot Size:	<u>NA</u>
Screen or Slot Material:	<u>NA</u>
Casing Material: (PVC, Steel, or Other - Specify):	<u>Stainless Steel</u>
Casing Diameter (inches):	<u>6-inch</u>
Static Water Level From Top of Casing at the Time of Installation (one-hundredth of a foot):	<u>7.15</u>
Yield (gallons per minute):	<u> </u>
Length of Time Well Pumped or Bailed:	<u> </u>
Lithologic Log:	<u>Attached</u>

AUTHENTICATION

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Name (type or print)

Cyril N. Okoye
Signature

Dames & Moore
Company
GE 35299
Certification or License No.

Seal

Certification by Executive Officer or Duly Authorized Representative

Name (type or print)

Signature

MONITORING WELL CERTIFICATION - FORM A: AS-BUILT CERTIFICATION
(one form must be completed for each well)

Name of Permittee: Ortho Diagnostic Systems, Inc.
Name of Facility: Ortho Diagnostic Systems, Inc.
Location: Raritan, New Jersey
NJPDES-DGW Permit No.: NJ0057894

CERTIFICATION

Well Permit Number (as assigned by NJDEP's Bureau of Water Allocation):	<u>25-38873-8</u>
Owner's Well Number (as shown on the application of plans):	<u>MW-28</u>
Well Completion Date:	<u>6/3/91</u>
Distance From Top of Casing (cap off) to ground surface (one-hundredth of a foot):	<u>0.72 (below grade)</u>
Total Depth of Well (one-hundredth of a foot):	<u>30.00</u>
Depth to Top of Open Hole From Top of Casing (one-hundredth of a foot):	<u>15.78</u>
Open Hole Length (feet):	<u>13.50</u>
Screen or Slot Size:	<u>NA</u>
Screen or Slot Material:	<u>NA</u>
Casing Material: (PVC, Steel, or Other - Specify):	<u>Stainless Steel</u>
Casing Diameter (inches):	<u>6-inch</u>
Static Water Level From Top of Casing at the Time of Installation (one-hundredth of a foot):	<u>10.65</u>
Yield (gallons per minute):	<u> </u>
Length of Time Well Pumped or Bailed:	<u> </u>
Lithologic Log:	<u>Attached</u>

AUTHENTICATION

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Cyril N. Okoye
Name (type or print)

Cyril N. Okoye
Signature

Dames & Moore
Company
GE 35299
Certification or License No.

Seal

Certification by Executive Officer or Duly Authorized Representative

Name (type or print)

Signature

MONITORING WELL CERTIFICATION - FORM A: AS-BUILT CERTIFICATION

(one form must be completed for each well)

Name of Permittee: Ortho Diagnostic Systems, Inc.

Name of Facility: Ortho Diagnostic Systems, Inc.

Location: Raritan, New Jersey

NJPDES-DGW Permit No.: NJ 0057894

CERTIFICATION

Well Permit Number (as assigned by NJDEP's Bureau of Water Allocation):	<u>25-39887</u>
Owner's Well Number (as shown on the application of plans):	<u>MW-28D</u>
Well Completion Date:	<u>10/22/91</u>
Distance From Top of Casing (cap off) to ground surface (one-hundredth of a foot):	<u>- 0.32</u>
Total Depth of Well (one-hundredth of a foot):	<u>75.00</u>
Depth to Top of Open Hole From Top of Casing (one-hundredth of a foot):	<u>49.68</u>
Open Hole Length (feet):	<u>25.00</u>
Screen or Slot Size:	<u>Not Applicable</u>
Screen or Slot Material:	<u>Not Applicable</u>
Casing Material: (PVC, Steel, or Other - Specify):	<u>Stainless Steel</u>
Casing Diameter (inches):	<u>6-inches</u>
Static Water Level From Top of Casing at the Time of Installation (one-hundredth of a foot):	<u>52.32</u>
Yield (gallons per minute):	<u> </u>
Length of Time Well Pumped or Bailed:	<u> </u>
Lithologic Log:	<u>Attached</u>

AUTHENTICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Cyril N. Okoye
Name (type or print)

Cyril N. Okoye
Signature

Dames & Moore
Company

GE 35299
Certification or License No.

Seal

Certification by Executive Officer or Duly Authorized Representative

Name (type or print)

Signature

Title

Date

MONITORING WELL CERTIFICATION - FORM A: AS-BUILT CERTIFICATION

(one form must be completed for each well)

Name of Permittee: Ortho Diagnostic Systems, Inc.

Name of Facility: Ortho Diagnostic Systems, Inc.

Location: Raritan, New Jersey

NJPDES-DGW Permit No.: NJ 0057894

CERTIFICATION

Well Permit Number (as assigned by NJDEP's Bureau of Water Allocation): 25-39888

Owner's Well Number (as shown on the application of plans): MW-29

Well Completion Date: 10/23/91

Distance From Top of Casing (cap off) to ground surface (one-hundredth of a foot): 0.56

Total Depth of Well (one-hundredth of a foot): 30.00

Depth to Top of Open Hole From Top of Casing (one-hundredth of a foot): 14.44

Open Hole Length (feet): 15.00

Screen or Slot Size: Not Applicable

Screen or Slot Material: Not Applicable

Casing Material: (PVC, Steel, or Other - Specify): Stainless Steel

Casing Diameter (inches): 6-inches

Static Water Level From Top of Casing at the Time of Installation (one-hundredth of a foot): 15.42

Yield (gallons per minute): _____

Length of Time Well Pumped or Bailed: _____

Lithologic Log: Attached

AUTHENTICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Cyril N. Okoye
Name (type or print)

Cyril N. Okoye
Signature

Dames & Moore
Company

GE 35299
Certification or License No.

Seal

Certification by Executive Officer or Duly Authorized Representative

Name (type or print)

Signature

Title

Date

MONITORING WELL CERTIFICATION - FORM A: AS-BUILT CERTIFICATION

(one form must be completed for each well)

Name of Permittee: Ortho Diagnostic Systems, Inc.
Name of Facility: Ortho Diagnostic Systems, Inc.
Location: Raritan, New Jersey
NJDES-DGW Permit No.: NJ 0057894

CERTIFICATION

Well Permit Number (as assigned by NJDEP's Bureau of Water Allocation): 25-39889
Owner's Well Number (as shown on the application of plans): MW-29D
Well Completion Date: 10/24/91
Distance From Top of Casing (cap off) to ground surface (one-hundredth of a foot): 0.36
Total Depth of Well (one-hundredth of a foot): 80.00
Depth to Top of Open Hole From Top of Casing (one-hundredth of a foot): 54.64
Open Hole Length (feet): 25.00
Screen or Slot Size: Not Applicable
Screen or Slot Material: Not Applicable
Casing Material: (PVC, Steel, or Other - Specify): Stainless Steel
Casing Diameter (inches): 6-inches
Static Water Level From Top of Casing at the Time of Installation (one-hundredth of a foot): 59.12
Yield (gallons per minute): _____
Length of Time Well Pumped or Bailed: _____
Lithologic Log: Attached

AUTHENTICATION

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Cyril N. Okoye
Name (type or print)

Cyril N. Okoye
Signature

Dames & Moore
Company

GE 35299
Certification or License No.

Seal

Certification by Executive Officer or Duly Authorized Representative

Name (type or print)

Signature

Title

Date

(one form must be completed for each well)

CERTIFICATION

AUTHENTICATION

Date _____

MONITORING WELL CERTIFICATION - FORM A: AS-BUILT CERTIFICATION

(one form must be completed for each well)

Name of Permittee: Ortho Diagnostic Systems, Inc.

Name of Facility: Ortho Diagnostic Systems, Inc.

Location: Raritan, New Jersey

NJPDES-DGW Permit No.: NJ 0057894

CERTIFICATION

Well Permit Number (as assigned by NJDEP's Bureau of Water Allocation):	<u>25-39891</u>
Owner's Well Number (as shown on the application of plans):	<u>MW-30D</u>
Well Completion Date:	<u>10/25/91</u>
Distance From Top of Casing (cap off) to ground surface (one-hundredth of a foot):	<u>0.29</u>
Total Depth of Well (one-hundredth of a foot):	<u>80.00</u>
Depth to Top of Open Hole From Top of Casing (one-hundredth of a foot):	<u>54.71</u>
Open Hole Length (feet):	<u>25.00</u>
Screen or Slot Size:	<u>Not Applicable</u>
Screen or Slot Material:	<u>Not Applicable</u>
Casing Material: (PVC, Steel, or Other - Specify):	<u>Stainless Steel</u>
Casing Diameter (inches):	<u>6-inches</u>
Static Water Level From Top of Casing at the Time of Installation (one-hundredth of a foot):	<u>54.76</u>
Yield (gallons per minute):	<u> </u>
Length of Time Well Pumped or Bailed:	<u> </u>
Lithologic Log:	<u>Attached</u>

AUTHENTICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Cyril N. Okoye
Name (type or print)

Cyril N. Okoye
Signature

Dames & Moore
Company

GE 35299
Certification or License No.

Seal

Certification by Executive Officer or Duly Authorized Representative

Name (type or print)

Signature

Title

Date

(one form must be completed for each well)

Ortho Diagnostic Systems, Inc.

Ortho Diagnostic Systems, Inc.

Raritan, New Jersey

NJ 0057894

Well Permit Number (as assigned by NJDEP's

25-39892

MW-31

10/23/91

0.48

30.00

17.02

12.50

Not Applicable

Not Applicable

Stainless Steel

6-inches

26.20

Attached

Attached

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name (type or print)

Signature

Cyril N. Ohoye

Company

Certification or License No.

Seal

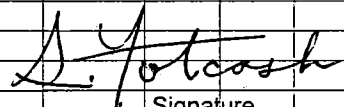
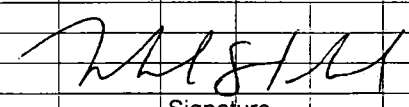
Certification by Executive Officer or Duly Authorized Representative

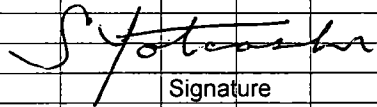
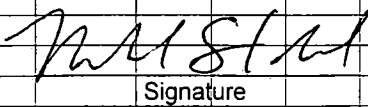
Name (type or print)

Signature

Title

Date _____

MONITORING WELL CERTIFICATION - FORM A - AS-BUILT CERTIFICATION			
(One form must be completed for each well)			
Name of Permittee:	Ortho-Clinical Diagnostics, Inc.		
Name of Facility:	Ortho-Clinical Diagnostics, Inc.		
Location:	1001 Route 202 North, Raritan, NJ 08869		
NJPDES Permit No:	0057894		
CERTIFICATION			
Well Permit Number (As assigned by NJDEP's Bureau of Water Allocation):	25-54673		
Owner's Well Number (As shown on the application or plans):	MW-32		
Well Completion Date:	August 11, 1999		
Distance from Top of Casing (cap off) to ground surface (one-hundredth of a foot):	-0.43 (flushmount)		
Total Depth of Well to the nearest 1/2 foot:	25.0		
Depth to Top of Screen From Top of Casing (or depth to open hole) to the nearest 1/2 foot:	5.0		
Screen Length (or length of open hole) in feet:	20.0		
Screen or Slot Size:	0.020 inches		
Screen or Slot Material:	Schedule 40 PVC		
Casing Material: (PVC, Steel or Other-Specify):	Schedule 40 PVC		
Casing Diameter (inches):	2		
Static Water Level From Top of Casing at the Time of Installation (one-hundredth of a foot):	9.26		
Yield (gallons per minute):	<1 gpm		
Development Technique (specify)	pump		
Length of Time Well is Developed/	1	Hours	Minutes
Pumped or Bailed:	pumped		
Lithologic Log:	See attached page		
Authentication			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of imprisonment.			
STEVEN YOTCOSKI			
Name (Type or Print)		Signature	
J1622		Seal	
Certification or License No.			
Certification by Executive Officer or Duly Authorized Representative			
Michael Stabile			
Name (Type or Print)		Signature	
Sr. Project Mgr.		5-1-01	
Title		Date	

MONITORING WELL CERTIFICATION - FORM A - AS-BUILT CERTIFICATION			
(One form must be completed for each well)			
Name of Permittee:	Ortho-Clinical Diagnostics, Inc.		
Name of Facility:	Ortho-Clinical Diagnostics, Inc.		
Location:	1001 Route 202 North, Raritan, NJ 08869		
NJPDES Permit No:	0057894		
CERTIFICATION			
Well Permit Number (As assigned by NJDEPE's Bureau of Water Allocation):	25-48455		
Owner's Well Number (As shown on the application or plans):	MW-33A		
Well Completion Date:	April 22, 1996		
Distance from Top of Casing (cap off) to ground surface (one-hundredth of a foot):	-0.57 (flushmount)		
Total Depth of Well to the nearest 1/2 foot:	13.0		
Depth to Top of Screen From Top of Casing (or depth to open hole) to the nearest 1/2 foot:	3.0		
Screen Length (or length of open hole) in feet:	10.0		
Screen or Slot Size:	0.010 inches		
Screen or Slot Material:	Schedule 40 PVC		
Casing Material: (PVC, Steel or Other-Specify):	Schedule 40 PVC		
Casing Diameter (inches):	2		
Static Water Level From Top of Casing at the Time of Installation (one-hundredth of a foot):	5.00		
Yield (gallons per minute)	<1 gpm		
Development Technique (specify)	bailed		
Length of Time Well is Developed/	1	Hours	Minutes
Pumped or Bailed:	bailed		
Lithologic Log:	See attached page		
Authentication			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of imprisonment.			
STEVEN YOTCOSKI			
Name (Type or Print)		Signature	
Certification or License No.		Seal	
J1622			
Certification by Executive Officer or Duly Authorized Representative			
Michael Stabile			
Name (Type or Print)		Signature	
Sr. Project Mgr.		5-1-01	
Title		Date	

MONITORING WELL CERTIFICATION - FORM A - AS-BUILT CERTIFICATION			
(One form must be completed for each well)			
Name of Permittee:	Ortho-Clinical Diagnostics, Inc.		
Name of Facility:	Ortho-Clinical Diagnostics, Inc.		
Location:	1001 Route 202 North, Raritan, NJ 08869		
NJPDES Permit No:	0057894		
CERTIFICATION			
Well Permit Number (As assigned by NJDEPE's Bureau of Water Allocation):	25-52837		
Owner's Well Number (As shown on the application or plans):	MW-34		
Well Completion Date:	August 14, 1998		
Distance from Top of Casing (cap off) to ground surface (one-hundredth of a foot):	-0.24 (flushmount)		
Total Depth of Well to the nearest 1/2 foot:	30.0		
Depth to Top of Screen From Top of Casing (or depth to open hole) to the nearest 1/2 foot:	15.0		
Screen Length (or length of open hole) in feet:	15.0		
Screen or Slot Size:	0.020 inches		
Screen or Slot Material:	Schedule 40 PVC		
Casing Material: (PVC, Steel or Other-Specify):	Schedule 40 PVC		
Casing Diameter (inches):	2		
Static Water Level From Top of Casing at the Time of Installation (one-hundredth of a foot):	17.90		
Yield (gallons per minute)	<1 gpm		
Development Technique (specify)	pump		
Length of Time Well is Developed/	1	Hours	Minutes
Pumped or Bailed:	pumped		
Lithologic Log:	See attached page		
Authentication			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of imprisonment.			
STEVEN YOTCOSKI		S Yotcoski	
Name (Type or Print)		Signature	
J1622			
Certification or License No.		Seal	
Certification by Executive Officer or Duly Authorized Representative			
Michael Stabile		WLS/ML	
Name (Type or Print)		Signature	
Sr. Project Mgr.		5-1-01	
Title		Date	

MONITORING WELL CERTIFICATION - FORM A - AS-BUILT CERTIFICATION			
(One form must be completed for each well)			
Name of Permittee:	Ortho-Clinical Diagnostics, Inc.		
Name of Facility:	Ortho-Clinical Diagnostics, Inc.		
Location:	1001 Route 202 North, Raritan, NJ 08869		
NJPDES Permit No:	0057894		
CERTIFICATION			
Well Permit Number (As assigned by NJDEPE's Bureau of Water Allocation):	25-54674		
Owner's Well Number (As shown on the application or plans):	MW-34D		
Well Completion Date:	August 12, 1999		
Distance from Top of Casing (cap off) to ground surface (one-hundredth of a foot):	-0.39 (flushmount)		
Total Depth of Well to the nearest 1/2 foot:	75.0		
Depth to Top of Screen From Top of Casing (or depth to open hole) to the nearest 1/2 foot:	55.0		
Screen Length (or length of open hole) in feet:	20.0		
Screen or Slot Size:	0.020 inches		
Screen or Slot Material:	Schedule 40 PVC		
Casing Material: (PVC, Steel or Other-Specify):	Schedule 40 PVC		
Casing Diameter (inches):	2		
Static Water Level From Top of Casing at the Time of Installation (one-hundredth of a foot):	59.78		
Yield (gallons per minute)	1 gpm		
Development Technique (specify)	pump		
Length of Time Well is Developed/	1	Hours	Minutes
Pumped or Bailed:	pumped		
Lithologic Log:	See attached page		
Authentication			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of imprisonment.			
STEVEN YOTODSKI		S Yotodski	
Name (Type or Print)		Signature	
J 1622		Seal	
Certification or License No.			
Certification by Executive Officer or Duly Authorized Representative			
Michael Stabile		M Stabile	
Name (Type or Print)		Signature	
Sr. Project Mgr.		5-1-01	
Title		Date	

MONITORING WELL CERTIFICATION - FORM A - AS-BUILT CERTIFICATION			
(One form must be completed for each well)			
Name of Permittee:	Ortho-Clinical Diagnostics, Inc.		
Name of Facility:	Ortho-Clinical Diagnostics, Inc.		
Location:	1001 Route 202 North, Raritan, NJ 08869		
NJPDES Permit No:	0057894		
CERTIFICATION			
Well Permit Number (As assigned by NJDEP's Bureau of Water Allocation):	25-52838		
Owner's Well Number (As shown on the application or plans):	MW-35		
Well Completion Date:	August 14, 1998		
Distance from Top of Casing (cap off) to ground surface (one-hundredth of a foot):	-0.33 (flushmount)		
Total Depth of Well to the nearest 1/2 foot:	30.0		
Depth to Top of Screen From Top of Casing (or depth to open hole) to the nearest 1/2 foot:	15.0		
Screen Length (or length of open hole) in feet:	15.0		
Screen or Slot Size:	0.020 inches		
Screen or Slot Material:	Schedule 40 PVC		
Casing Material: (PVC, Steel or Other-Specify):	Schedule 40 PVC		
Casing Diameter (inches):	2		
Static Water Level From Top of Casing at the Time of Installation (one-hundredth of a foot):	10.55		
Yield (gallons per minute)	<1 gpm		
Development Technique (specify)	pump		
Length of Time Well is Developed/	1	Hours	Minutes
Pumped or Bailed:	pumped		
Lithologic Log:	See attached page		
Authentication			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of imprisonment.			
STEVEN YOTCOSKI		[Signature]	
Name (Type or Print)		Signature	
Certification or License No.		Seal	
J1622			
Certification by Executive Officer or Duly Authorized Representative			
Michael Stabile		[Signature]	
Name (Type or Print)		Signature	
Sr. Project Mgr.		5-1-01	
Title		Date	

MONITORING WELL CERTIFICATION - FORM A - AS-BUILT CERTIFICATION			
(One form must be completed for each well)			
Name of Permittee:	Ortho-Clinical Diagnostics, Inc.		
Name of Facility:	Ortho-Clinical Diagnostics, Inc.		
Location:	1001 Route 202 North, Raritan, NJ 08869		
NJPDES Permit No:	0057894		
CERTIFICATION			
Well Permit Number (As assigned by NJDEP's Bureau of Water Allocation):	25-52839		
Owner's Well Number (As shown on the application or plans):	MW-36		
Well Completion Date:	September 29, 1998		
Distance from Top of Casing (cap off) to ground surface (one-hundredth of a foot):	-0.34 (flushmount)		
Total Depth of Well to the nearest 1/2 foot:	30.0		
Depth to Top of Screen From Top of Casing (or depth to open hole) to the nearest 1/2 foot:	20.0		
Screen Length (or length of open hole) in feet:	10.0		
Screen or Slot Size:	0.020 inches		
Screen or Slot Material:	Schedule 40 PVC		
Casing Material: (PVC, Steel or Other-Specify):	Schedule 40 PVC		
Casing Diameter (inches):	2		
Static Water Level From Top of Casing at the Time of Installation (one-hundredth of a foot):	16.20		
Yield (gallons per minute)	<1 gpm		
Development Technique (specify)	pump		
Length of Time Well is Developed/	1	Hours	Minutes
Pumped or Bailed:	pumped		
Lithologic Log:	See attached page		
Authentication			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of imprisonment.			
STEVEN YOTCOSKI		[Signature]	
Name (Type or Print)		Signature	
Certification or License No.		Seal	
J1622			
Certification by Executive Officer or Duly Authorized Representative			
Michael Stabile		[Signature]	
Name (Type or Print)		Signature	
Sr. Project Mgr.		5-1-01	
Title		Date	

MONITORING WELL CERTIFICATION - FORM A - AS-BUILT CERTIFICATION			
(One form must be completed for each well)			
Name of Permittee:	Ortho-Clinical Diagnostics, Inc.		
Name of Facility:	Ortho-Clinical Diagnostics, Inc.		
Location:	1001 Route 202 North, Raritan, NJ 08869		
NJPDES Permit No:	0057894		
CERTIFICATION			
Well Permit Number (As assigned by NJDEP's Bureau of Water Allocation):	25-54675		
Owner's Well Number (As shown on the application or plans):	MW-37		
Well Completion Date:	August 13, 1999		
Distance from Top of Casing (cap off) to ground surface (one-hundredth of a foot):	-0.46 (flushmount)		
Total Depth of Well to the nearest 1/2 foot:	80.0		
Depth to Top of Screen From Top of Casing (or depth to open hole) to the nearest 1/2 foot:	60.0		
Screen Length (or length of open hole) in feet:	20.0		
Screen or Slot Size:	0.020 inches		
Screen or Slot Material:	Schedule 40 PVC		
Casing Material: (PVC, Steel or Other-Specify):	Schedule 40 PVC		
Casing Diameter (inches):	2		
Static Water Level From Top of Casing at the Time of Installation (one-hundredth of a foot):	62.56		
Yield (gallons per minute)	1 gpm		
Development Technique (specify)	pump		
Length of Time Well is Developed/	1	Hours	Minutes
Pumped or Bailed:	pumped		
Lithologic Log:	See attached page		
Authentication			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of imprisonment.			
STEVEN JOTCOSKI		S Jotcoski	
Name (Type or Print)		Signature	
Certification or License No.		Seal	
J1622			
Certification by Executive Officer or Duly Authorized Representative			
Michael Stabile		M Stabile	
Name (Type or Print)		Signature	
Sr. Project Mgr.		5-1-01	
Title		Date	

APPENDIX S

Monitoring Well Certification Form B's

Monitoring Well Certification Form B's are not available for the following wells:
MW-2, MW-8, MW-18, and MW-19.

MONITORING WELL CERTIFICATION FORM B - LOCATION CERTIFICATION

Name of Owner: ORTHO - CLINICAL DIAGNOSTICS
Name of Facility: ORTHO - CLINICAL DIAGNOSTICS
Location: Route 202, Raritan New Jersey
UST Registration Number: _____ UST Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number: 25-30122-5
(This number must be permanently affixed to the well casing.)

Owners Well Number (As shown on application or plans): MW-1

Geographic Coordinate NAD 83 (to nearest 1/10 of second):

Longitude: West 74° 38' 56.4" Latitude: North 40° 34' 24.6"

New Jersey State Plane Coordinates NAD 83 to nearest 10 feet:

North 633,890 East 450,840

Elevation of Top in Inner Casing (cap off)
at reference mark (nearest 0.01'): 125.87

Source of elevation datum (benchmark, number/description and elevation/datum. If an on-site datum is used, identify here, assume datum of 100', and give approximated actual elevation.)

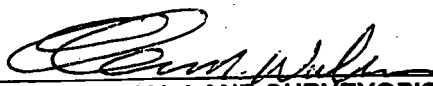
U.S. GEOD. SURVEY D-26 101.04 NAVD 88

Significant observations and notes: _____

AUTHENTICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

SEAL


PROFESSIONAL LAND SURVEYOR'S SIGNATURE

November 22, 1999
DATE

Thomas M. Walker, N.J. Lic. No. 27489
PROFESSIONAL LAND SURVEYOR'S NAME AND LICENSE NUMBER
(Please print or type)

904-B Merritt Drive, Somerville, N.J. 08876
PROFESSIONAL LAND SURVEYOR'S ADDRESS AND PHONE NUMBER

THIS FORM MUST BE COMPLETED BY THE PERMITTEE AND/OR SURVEYOR

WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-30125-0
This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-38-54.4
Latitude (to nearest second): North 40-34-18.4
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 118.334 Ft.

Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-3

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

AUTHENTICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.



PROFESSIONAL LAND SURVEYOR'S SIGNATURE

Allan L. Sampson
PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

No. 29356
PROFESSIONAL LAND SURVEYOR'S LICENSE

MONITORING WELL CERTIFICATION FORM B – LOCATION CERTIFICATION

Name of Owner: ORTHO - CLINICAL DIAGNOSTICS
Name of Facility: ORTHO - CLINICAL DIAGNOSTICS
Location: Route 202, Raritan New Jersey
UST Registration Number: _____ UST Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number: 25-30124-1
(This number must be permanently affixed to the well casing.)

Owners Well Number (As shown on application or plans): MW-4

Geographic Coordinate NAD 83 (to nearest 1/10 of second):

Longitude: West 74° 38' 52.7" Latitude: North 40° 34' 18.4"

New Jersey State Plane Coordinates NAD 83 to nearest 10 feet:

North 633,260 East 451,130

Elevation of Top in Inner Casing (cap off)
at reference mark (nearest 0.01'): 117.80

Source of elevation datum (benchmark, number/description and elevation/datum. If an on-site datum is used, identify here, assume datum of 100', and give approximated actual elevation.)

U.S. GEOD. SURVEY D-26 101.04 NAVD 88

Significant observations and notes: _____

AUTHENTICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

SEAL


PROFESSIONAL LAND SURVEYOR'S SIGNATURE November 22, 1999
DATE

Thomas M. Walker, N.J. Lic. No. 27489
PROFESSIONAL LAND SURVEYOR'S NAME AND LICENSE NUMBER
(Please print or type)

904-B Merritt Drive, Somerville, N.J. 08876
PROFESSIONAL LAND SURVEYOR'S ADDRESS AND PHONE NUMBER

THIS FORM MUST BE COMPLETED BY THE PERMITTEE AND/OR SURVEYOR

WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-33540-5

This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-38-53.2
Latitude (to nearest second): North 40-34-19.7
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 119.670 Ft.

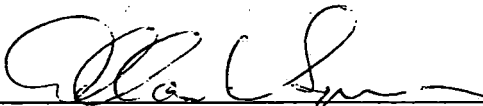
Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-5

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

AUTHENTICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.



PROFESSIONAL LAND SURVEYOR'S SIGNATURE

Allan L. Sampson

PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

No. 29356

PROFESSIONAL LAND SURVEYOR'S LICENSE

THIS FORM MUST BE COMPLETED BY THE PERMITTEE AND/OR SURVEYOR

WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-33541-3

This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-38-52.6
Latitude (to nearest second): North 40-34-19.0
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 118.650 Ft.


Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-6

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

AUTHENTICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.



PROFESSIONAL LAND SURVEYOR'S SIGNATURE

Allan L. Sampson

PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

No. 29356

PROFESSIONAL LAND SURVEYOR'S LICENSE

THIS FORM MUST BE COMPLETED BY THE PERMITTEE AND/OR SURVEYOR

WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

○ Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-33542-1

This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-38-53.0
Latitude (to nearest second): North 40-34-18.4
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 117.794 Ft.


Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-7

○ Elevations are to be determined by double run, three wire leveling methods
using balanced sights, commencing from a well marked and described point.
This beginning point shall either be derived from Federal or State
benchmarks if not more than 1000 feet from the site or, if the Department
has approved an alternate datum, based on an assumed datum of 100.
Tolerances should meet third order standards, which are 0.05 ft x (mile)
1/2. For sections less than 0.1 mile, let miles = 0.1.

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submitting false information including the possibility of fine and
imprisonment.



PROFESSIONAL LAND SURVEYOR'S SIGNATURE

Allan L. Sampson

PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

○ No. 29356

PROFESSIONAL LAND SURVEYOR'S LICENSE

THIS FORM MUST BE COMPLETED BY THE PERMITTEE AND/OR SURVEYOR

WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-33544-8

This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-38-54.4
Latitude (to nearest second): North 40-34-18.5
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 120.017 Ft.

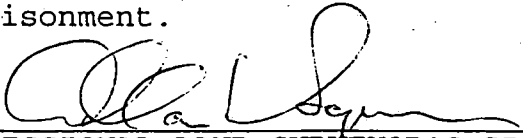
Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-9

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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PROFESSIONAL LAND SURVEYOR'S SIGNATURE

Allan L. Sampson

PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

No. 29356

PROFESSIONAL LAND SURVEYOR'S LICENSE

THIS FORM MUST BE COMPLETED BY THE PERMITTEE AND/OR SURVEYOR

WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-36541-0

This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-38-54.5
Latitude (to nearest second): North 40-34-19.5
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 118.775 Ft.


Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-10

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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PROFESSIONAL LAND SURVEYOR'S SIGNATURE

Allan L. Sampson

PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

No. 29356

PROFESSIONAL LAND SURVEYOR'S LICENSE

THIS FORM MUST BE COMPLETED BY THE PERMITTEE OR HIS/HER AGENT

GROUND WATER MONITORING WELL CERTIFICATION - FORM B
LOCATION CERTIFICATION

Name of Permittee: Ortho Diagnostics
Name of Facility: Ortho Diagnostics
Location: _____
NJDES Number: Baritan, NJ

LAND SURVEYOR'S CERTIFICATION

Well Permit Number (As assigned by NJDEP's
Water Allocation Section, 609-984-6831) 25 - 24 5 2 - 2
This number must be permanently affixed
to the well casing.

Longitude (one-tenth of a second): West 74 38 55.4
Latitude (one-tenth of a second): North 40 34 18.3
Elevation of Top of Casing (cap off)
(one-hundredths of a foot): RIM 118.13 Casing 117.78
Owners Well Number (As shown on the
application or plans): MW-11

AUTHENTICATION

I certify under penalty of law that I have personally examined
and am familiar with the information submitted in this document
and all attachments and that, based on my inquiry of those indi-
viduals immediately responsible for obtaining the information, I
believe the submitted information is true, accurate and complete.
I am aware that there are significant penalties for submitting
false information including the possibility of fine and imprison-
ment.

Richard C. Mathews
PROFESSIONAL LAND SURVEYOR'S SIGNATURE

Richard C. Mathews
PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

New Jersey License #29353
PROFESSIONAL LAND SURVEYOR'S LICENSE #

The Department reserves the right in cases of violation of permit
specified ground water limits or Ground Water Quality Standards
(N.J.A.C. 7:9-6.1 et seq.) to require that wells be resurveyed to
an accuracy of one-hundredth of a second latitude and longitude.
This shall not be considered to require a major modification of
the NJPDES permit.

GROUND WATERMONITORING WELL CERTIFICATION - FORM A - AS-BUILT CERTIFICATION

(One form must be completed for each well)

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
 Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
 Location: US ROUTE 202 NORTH
RARITAN, NJ 08869
 NPDES Permit No: NJ0057894

ENGINEER'S CERTIFICATION

1. Permit Number (As assigned by NJDEP's Water Pollution Control Division (609-984-6831):

number must be permanently affixed to the casing.

2 5 3 6 5 4 3 -6

2. Well Number (As shown on the application plans):

MW-12

3. Completion Date:

7/3/90

4. Distance from Top of Casing (cap off) to ground surface (one-hundredth of a foot):

-0.50

5. Total Depth of Well (one-tenth of a foot):

30.0

6. Depth to Top of Screen From Top of Casing (one-tenth of a foot): (to top of open hole)

10.6

7. Screen Length (feet): (open hole interval)

19.4

8. Screen or Slot Size:

NA

9. Screen Material:

NA

10. Casing Material: (PVC, Steel or Other-Specify):

Stainless Steel

11. Casing Diameter (Inches):

6

12. Static Water Level From Top of Casing at The

Date of Certification (one-hundredth of a foot):

14.02

13. Flow Rate (Gallons per Minute):

14. Duration or time Well Pumped or Bailed:

Hours

Minutes

15. Geologic Log:

ATTACH ON BACK

CERTIFICATION:

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

James T. Dette
 Professional Engineer's Signature

JAMES T. DETTE
 Professional Engineer's Name
 (Please type or print)

9555
 Professional Engineer's License #

SEAL

- THIS FORM MUST BE COMPLETED BY THE PERMITTEE OR HIS/HER AGENT

GROUND WATER MONITORING WELL CERTIFICATION - FORM B
LOCATION CERTIFICATION

Name of Permittee: Ortho Diagnostics
Name of Facility: Ortho Diagnostics
Location: Raritan, NJ
NJDES Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number (As assigned by NJDEP's
Water Allocation Section, 609-984-6831)
This number must be permanently affixed
to the well casing.

5-0054-4

Longitude (one-tenth of a second):	West	74	38	55.3
Latitude (one-tenth of a second):	North	40	34	19.0
Elevation of Top of Casing (cap off) (one-hundredths of a foot):	RIM	118.82	Casing	118.61
Owners Well Number (As shown on the application or plans):	MW-13			

AUTHENTICATION

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Richard C. Mathews
PROFESSIONAL LAND SURVEYOR'S SIGNATURE

Richard C. Mathews
PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

New Jersey License #29353
PROFESSIONAL LAND SURVEYOR'S LICENSE #

The Department reserves the right in cases of violation of permit specified ground water limits or Ground Water Quality Standards (N.J.A.C. 7:9-6.1 et seq.) to require that wells be resurveyed to an accuracy of one-hundredth of a second latitude and longitude. This shall not be considered to require a major modification of the NJPDES permit.

THIS FORM MUST BE COMPLETED BY THE PERMITTEE AND/OR SURVEYOR

WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number:

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-36545-2
This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-00.4
Latitude (to nearest second): North 40-34-16.6
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 111.899 Ft.


Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-14

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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PROFESSIONAL LAND SURVEYOR'S SIGNATURE

Allan L. Sampson
PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

No. 29356
PROFESSIONAL LAND SURVEYOR'S LICENSE

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WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-36941-5
This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-10.1
Latitude (to nearest second): North 40-34-14.7
Elevation of Top of Inner Casing (cap off) (one-hundredth of a foot): 101.864 Ft.


Source of elevation datum (benchmark, etc.) and elevation (If an alternate datum has been approved by the Department, identify here and give approximated elevation):
D-26
Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on application or plans): MW-15

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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Allan L. Sampson

PROFESSIONAL LAND SURVEYOR'S NAME
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No. 29356

PROFESSIONAL LAND SURVEYOR'S LICENSE

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WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-36546-
This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-11.4
Latitude (to nearest second): North 40-34-15.7
Elevation of Top of Inner Casing (cap off) (one-hundredth of a foot): 103.534 Ft.


Source of elevation datum (benchmark, etc.) and elevation (If an alternate datum has been approved by the Department, identify here and give approximated elevation):
D-26
Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on application or plans): MW-16

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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PROFESSIONAL LAND SURVEYOR'S NAME
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SEAL

No. 29356

PROFESSIONAL LAND SURVEYOR'S LICENSE

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WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number:

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-36547-9

This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-12.4
Latitude (to nearest second): North 40-34-17.6
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 106.869 Ft.

Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-17

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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Allan L. Sampson

PROFESSIONAL LAND SURVEYOR'S NAME
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SEAL

No. 29356

PROFESSIONAL LAND SURVEYOR'S LICENSE

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WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-38109-1
This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-01.1
Latitude (to nearest second): North 40-34-17.6
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 113.728 Ft.


Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD.SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-20

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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Allan L. Sampson

PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

No. 29356

PROFESSIONAL LAND SURVEYOR'S LICENSE

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WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____
LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-38110-5
This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-01.0
Latitude (to nearest second): North 40-34-15.7
Elevation of Top of Inner Casing (cap off) (one-hundredth of a foot): 110.217 Ft.


Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has been approved by the Department, identify here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on application or plans): MW-21

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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Allan L. Sampson
PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

No. 29356
PROFESSIONAL LAND SURVEYOR'S LICENSE

THIS FORM MUST BE COMPLETED BY THE PERMITTEE AND/OR SURVEYOR

WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number:

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-38111-3

This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-11.9
Latitude (to nearest second): North 40-34-15.3
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 102.331 Ft.


Source of elevation datum (benchmark, etc.) and elevation (If an alternate datum has been approved by the Department, identify here and give approximated elevation):
D-26
Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on application or plans): MW-22

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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PROFESSIONAL LAND SURVEYOR'S SIGNATURE

Allan L. Sampson
PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

No. 29356
PROFESSIONAL LAND SURVEYOR'S LICENSE

THIS FORM MUST BE COMPLETED BY THE PERMITTEE AND/OR SURVEYOR

WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-38813-4

This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-10.4
Latitude (to nearest second): North 40-34-16.6
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 106.167 Ft.

Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-23

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

AUTHENTICATION

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PROFESSIONAL LAND SURVEYOR'S SIGNATURE

Allan L. Sampson
PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

No. 29356
PROFESSIONAL LAND SURVEYOR'S LICENSE

THIS FORM MUST BE COMPLETED BY THE PERMITTEE AND/OR SURVEYOR

WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number:

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-38814-2

This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-11.5
Latitude (to nearest second): North 40-34-15.2
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 102.504 Ft.

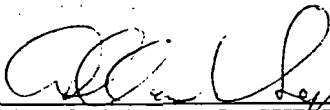
Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-24

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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Allan L. Sampson

PROFESSIONAL LAND SURVEYOR'S NAME
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SEAL

No. 29356

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WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-38815-1

This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-11.4
Latitude (to nearest second): North 40-34-14.4
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 100.297 Ft.

Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has been approved by the Department, identify here and give approximated elevation): Source: US GEOD.SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on application or plans): MW-25

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-38816-9
This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-01.0
Latitude (to nearest second): North 40-34-15.8
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 110.389 Ft.

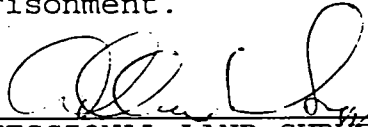
Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD.SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-26

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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Allan L. Sampson

PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

No. 29356

PROFESSIONAL LAND SURVEYOR'S LICENSE

THIS FORM MUST BE COMPLETED BY THE PERMITTEE AND/OR SURVEYOR

WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

○ Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-38817-7

This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-38-59.7
Latitude (to nearest second): North 40-34-16.0
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 111.637 Ft.

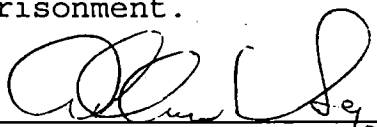
Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-27

○ Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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Allan L. Sampson

PROFESSIONAL LAND SURVEYOR'S NAME
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○ No. 29356

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WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-38873-8

This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-01.4
Latitude (to nearest second): North 40-34-14.4
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 105.251 Ft.

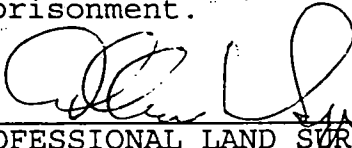
Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-28

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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PROFESSIONAL LAND SURVEYOR'S NAME
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No. 29356

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THIS FORM MUST BE COMPLETED BY THE PERMITTEE AND/OR SURVEYOR

WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-39887-
This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-01.5
Latitude (to nearest second): North 40-34-14.4
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 105.574 Ft.

Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-28D

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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No. 29356

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WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-39888

This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-38-57.1
Latitude (to nearest second): North 40-34-14.6
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 112.447 Ft.

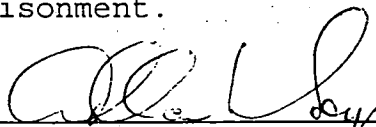
Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-29

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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Allan L. Sampson

PROFESSIONAL LAND SURVEYOR'S NAME
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SEAL

No. 29356

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WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-39889

This number must be permanently affixed to the well casing.

Longitude (to nearest second): _____ West 40-34-14.6
Latitude (to nearest second): _____ North 74-38-57.2
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 112.592 Ft.

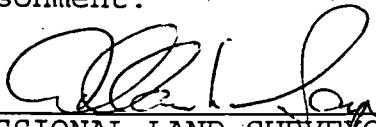
Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has Source: US GEOD. SURVEY
been approved by the Department, identify NAVD88
here and give approximated elevation): Elevation: 101.04 Ft.

Owners Well Number (As shown on application or plans): MW-29D

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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Allan L. Sampson

PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

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PROFESSIONAL LAND SURVEYOR'S LICENSE

THIS FORM MUST BE COMPLETED BY THE PERMITTEE AND/OR SURVEYOR

WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-39890-

This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-05.5
Latitude (to nearest second): North 40-34-14.3
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 106.506 Ft.


Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD.SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-30

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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Allan L. Sampson

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WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number:

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-39891-
This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-05.6
Latitude (to nearest second): North 40-34-14.3
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 106.394 Ft.

Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD.SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-30D

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-39892-
This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-38-52.1
Latitude (to nearest second): North 40-34-16.1
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 111.597 Ft.


Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-31

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

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Allan L. Sampson

PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

No. 29356

PROFESSIONAL LAND SURVEYOR'S LICENSE

MONITORING WELL CERTIFICATION FORM B – LOCATION CERTIFICATION

Name of Owner: ORTHO - CLINICAL DIAGNOSTICS
Name of Facility: ORTHO - CLINICAL DIAGNOSTICS
Location: Route 202, Raritan New Jersey
UST Registration Number: _____ UST Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number: 25-54673
(This number must be permanently affixed to the well casing.)

Owners Well Number (As shown on application or plans): MW-32

Geographic Coordinate NAD 83 (to nearest 1/10 of second):

Longitude: West 74° 39' 11.1" Latitude: North 40° 34' 15.9"

New Jersey State Plane Coordinates NAD 83 to nearest 10 feet:

North 633,020 East 449,710

Elevation of Top in Inner Casing (cap off)
at reference mark (nearest 0.01'): 104.09

Source of elevation datum (benchmark, number/description and elevation/datum. If an on-site datum is used, identify here, assume datum of 100', and give approximated actual elevation.)

U.S. GEOD. SURVEY D-26 101.04 NAVD 88

Significant observations and notes: _____

AUTHENTICATION

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SEAL


PROFESSIONAL LAND SURVEYOR'S SIGNATURE

November 18, 1999
DATE

Thomas M. Walker, N.J. Lic. No. 27489
PROFESSIONAL LAND SURVEYOR'S NAME AND LICENSE NUMBER
(Please print or type)

904-B Merritt Drive, Somerville, N.J. 08876
PROFESSIONAL LAND SURVEYOR'S ADDRESS AND PHONE NUMBER

THIS FORM MUST BE COMPLETED BY THE PERMITTEE AND/OR SURVEYOR

WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number

This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-38-54.6
Latitude (to nearest second): North 40-34-20.4
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 118.739 Ft.

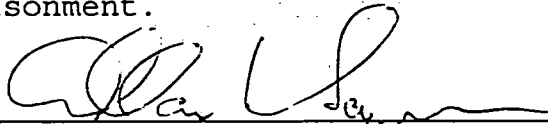
Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-33

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

AUTHENTICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.



PROFESSIONAL LAND SURVEYOR'S SIGNATURE

Allan L. Sampson
PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

No. 29356
PROFESSIONAL LAND SURVEYOR'S LICENSE

MONITORING WELL CERTIFICATION FORM B – LOCATION CERTIFICATION

Name of Owner: ORTHO - CLINICAL DIAGNOSTICS
Name of Facility: ORTHO - CLINICAL DIAGNOSTICS
Location: Route 202, Raritan New Jersey
UST Registration Number: _____ UST Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number: 25-52837
(This number must be permanently affixed to the well casing.)

Owners Well Number (As shown on application or plans): MW-34

Geographic Coordinate NAD 83 (to nearest 1/10 of second):

Longitude: West 74° 38' 59.5" Latitude: North 40° 34' 14.9"

New Jersey State Plane Coordinates NAD 83 to nearest 10 feet:

North 632,920 East 450,600

Elevation of Top in Inner Casing (cap off)
at reference mark (nearest 0.01'): 111.05

Source of elevation datum (benchmark, number/description and elevation/datum. If an on-site datum is used, identify here, assume datum of 100', and give approximated actual elevation.)

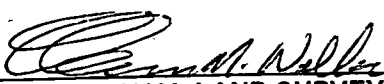
U.S. GEOD. SURVEY D-26 101.04 NAVD 88

Significant observations and notes: _____

AUTHENTICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

SEAL


PROFESSIONAL LAND SURVEYOR'S SIGNATURE

November 18, 1999
DATE

Thomas M. Walker, N.J. Lic. No. 27489
PROFESSIONAL LAND SURVEYOR'S NAME AND LICENSE NUMBER
(Please print or type)

904-B Merritt Drive, Somerville, N.J. 08876
PROFESSIONAL LAND SURVEYOR'S ADDRESS AND PHONE NUMBER

MONITORING WELL CERTIFICATION FORM B – LOCATION CERTIFICATION

Name of Owner: ORTHO - CLINICAL DIAGNOSTICS
Name of Facility: ORTHO - CLINICAL DIAGNOSTICS
Location: Route 202, Raritan New Jersey
UST Registration Number: _____ UST Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number: 25-54674
(This number must be permanently affixed to the well casing.)

Owners Well Number (As shown on application or plans): MW-34D

Geographic Coordinate NAD 83 (to nearest 1/10 of second):

Longitude: West 74° 38' 59.3" Latitude: North 40° 34' 14.9"

New Jersey State Plane Coordinates NAD 83 to nearest 10 feet:

North 632,920 East 450,620

Elevation of Top in Inner Casing (cap off)
at reference mark (nearest 0.01'): 111.17

Source of elevation datum (benchmark, number/description and elevation/datum. If an on-site datum is used, identify here, assume datum of 100', and give approximated actual elevation.)

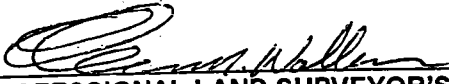
U.S. GEOD. SURVEY D-26 101.04 NAVD 88

Significant observations and notes: _____

AUTHENTICATION

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November 18, 1999
DATE

Thomas M. Walker, N.J. Lic. No. 27489
PROFESSIONAL LAND SURVEYOR'S NAME AND LICENSE NUMBER
(Please print or type)

904-B Merritt Drive, Somerville, N.J. 08876
PROFESSIONAL LAND SURVEYOR'S ADDRESS AND PHONE NUMBER

MONITORING WELL CERTIFICATION FORM B – LOCATION CERTIFICATION

Name of Owner: ORTHO - CLINICAL DIAGNOSTICS
Name of Facility: ORTHO - CLINICAL DIAGNOSTICS
Location: Route 202, Raritan New Jersey
UST Registration Number: _____ UST Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number: 25-52838
(This number must be permanently affixed to the well casing.)

Owners Well Number (As shown on application or plans): MW-35

Geographic Coordinate NAD 83 (to nearest 1/10 of second):

Longitude: West 74° 39' 00.0" Latitude: North 40° 34' 17.2"

New Jersey State Plane Coordinates NAD 83 to nearest 10 feet:

North 633,140 East 450,570

Elevation of Top in Inner Casing (cap off)
at reference mark (nearest 0.01'): 111.46

Source of elevation datum (benchmark, number/description and elevation/datum. If an on-site datum is used, identify here, assume datum of 100', and give approximated actual elevation.)

U.S. GEOD. SURVEY D-26 101.04 NAVD 88

Significant observations and notes: _____

AUTHENTICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

SEAL


PROFESSIONAL LAND SURVEYOR'S SIGNATURE

November 18, 1999
DATE

Thomas M. Walker, N.J. Lic. No. 27489
PROFESSIONAL LAND SURVEYOR'S NAME AND LICENSE NUMBER
(Please print or type)

904-B Merritt Drive, Somerville, N.J. 08876
PROFESSIONAL LAND SURVEYOR'S ADDRESS AND PHONE NUMBER

MONITORING WELL CERTIFICATION FORM B – LOCATION CERTIFICATION

Name of Owner: ORTHO - CLINICAL DIAGNOSTICS
Name of Facility: ORTHO - CLINICAL DIAGNOSTICS
Location: Route 202, Raritan New Jersey
UST Registration Number: _____ UST Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number: 25-52839
(This number must be permanently affixed to the well casing.)

Owners Well Number (As shown on application or plans): MW-36

Geographic Coordinate NAD 83 (to nearest 1/10 of second):

Longitude: West 74° 38' 59.2" Latitude: North 40° 34' 18.5"

New Jersey State Plane Coordinates NAD 83 to nearest 10 feet:

North 633,280 East 450,630

Elevation of Top in Inner Casing (cap off)
at reference mark (nearest 0.01'): 115.95

Source of elevation datum (benchmark, number/description and elevation/datum. If an on-site datum is used, identify here, assume datum of 100', and give approximated actual elevation.)

U.S. GEOD. SURVEY D-26 101.04 NAVD 88

Significant observations and notes: _____

AUTHENTICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining this information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

SEAL


PROFESSIONAL LAND SURVEYOR'S SIGNATURE November 18, 1999
DATE

Thomas M. Walker, N.J. Lic. No. 27489
PROFESSIONAL LAND SURVEYOR'S NAME AND LICENSE NUMBER
(Please print or type)

904-B Merritt Drive, Somerville, N.J. 08876
PROFESSIONAL LAND SURVEYOR'S ADDRESS AND PHONE NUMBER

MONITORING WELL CERTIFICATION FORM B – LOCATION CERTIFICATION

Name of Owner: ORTHO - CLINICAL DIAGNOSTICS
Name of Facility: ORTHO - CLINICAL DIAGNOSTICS
Location: Route 202, Raritan New Jersey
UST Registration Number: _____ UST Case Number: _____

LAND SURVEYOR'S CERTIFICATION

Well Permit Number: 25-54675
(This number must be permanently affixed to the well casing.)

Owners Well Number (As shown on application or plans): MW-37

Geographic Coordinate NAD 83 (to nearest 1/10 of second):

Longitude: West 74° 38' 59.2" Latitude: North 40° 34' 17.9"

New Jersey State Plane Coordinates NAD 83 to nearest 10 feet:

North 633,220 East 450,630

Elevation of Top in Inner Casing (cap off)
at reference mark (nearest 0.01'): 114.69

Source of elevation datum (benchmark, number/description and elevation/datum. If an on-site datum is used, identify here, assume datum of 100', and give approximated actual elevation.)

U.S. GEOD. SURVEY D-26 101.04 NAVD 88

Significant observations and notes: _____

AUTHENTICATION

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SEAL


PROFESSIONAL LAND SURVEYOR'S SIGNATURE

November 18, 1999

DATE

Thomas M. Walker, N.J. Lic. No. 27489

PROFESSIONAL LAND SURVEYOR'S NAME AND LICENSE NUMBER
(Please print or type)

904-B Merritt Drive, Somerville, N.J. 08876

PROFESSIONAL LAND SURVEYOR'S ADDRESS AND PHONE NUMBER

THIS FORM MUST BE COMPLETED BY THE PERMITTEE AND/OR SURVEYOR

WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number:

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-40519
This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-02.4
Latitude (to nearest second): North 40-34-17.4
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 111.512 Ft.

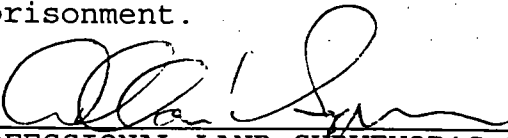
Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): MW-MT

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

AUTHENTICATION

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PROFESSIONAL LAND SURVEYOR'S SIGNATURE

Allan L. Sampson
PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

No. 29356
PROFESSIONAL LAND SURVEYOR'S LICENSE

THIS FORM MUST BE COMPLETED BY THE PERMITTEE AND/OR SURVEYOR

WATER MONITORING WELL CERTIFICATION - FORM B - LOCATION CERTIFICATION

Name of Permittee: ORTHO DIAGNOSTIC SYSTEMS, INC.
Name of Facility: ORTHO DIAGNOSTIC SYSTEMS, INC.
Location: ROUTE 202
RARITAN, NJ

NJPDES Number: NJ or ISRA Case Number:

LAND SURVEYOR'S CERTIFICATION

Well Permit Number 25-36540-
This number must be permanently affixed to the well casing.

Longitude (to nearest second): West 74-39-11.2
Latitude (to nearest second): North 40-34-15.6
Elevation of Top of Inner Casing (cap off)
(one-hundredth of a foot): 103.501 Ft.

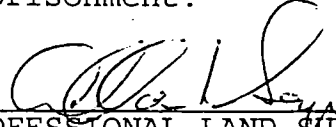
Source of elevation datum (benchmark, etc.) D-26
and elevation (If an alternate datum has
been approved by the Department, identify
here and give approximated elevation): Source: US GEOD. SURVEY
NAVD88
Elevation: 101.04 Ft.

Owners Well Number (As shown on
application or plans): PZ-1

Elevations are to be determined by double run, three wire leveling methods using balanced sights, commencing from a well marked and described point. This beginning point shall either be derived from Federal or State benchmarks if not more than 1000 feet from the site or, if the Department has approved an alternate datum, based on an assumed datum of 100. Tolerances should meet third order standards, which are 0.05 ft x (mile) 1/2. For sections less than 0.1 mile, let miles = 0.1.

AUTHENTICATION

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PROFESSIONAL LAND SURVEYOR'S SIGNATURE

Allan L. Sampson
PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

No. 29356
PROFESSIONAL LAND SURVEYOR'S LICENSE

**THIS FORM MUST BE COMPLETED BY THE PERMITTEE OR HIS/HER AGENT
MONITORING WELL CERTIFICATION-FORM B-LOCATION CERTIFICATION**

Name of Permittee: Ortho Diagnostic Systems, Inc.
Name of Facility: Ortho Diagnostic Systems, Inc.
Location: Route 202, Raritan, NJ
NJPDES Number:

LAND SURVEYOR'S CERTIFICATION

Well Permit Number (as assigned by
NJDEP's Bureau of Water Allocation:
This number must be permanently affixed
to the well casing.

2 5 3 7 9 9 7

Longitude (one-half of a second):
Latitude (one-half of a second):
Elevation of Top of Inner Casing
(cap off) (one-hundredth of a foot):
Source of elevation datum (benchmark,
etc.)

West 74 39 11.0

North 40 34 15.5

RIM 104.85 PVC 104.61

If an alternate datum has been approved
by the Department, identify here and
give approximated elevation:

MW-11

Approximate Elevation:

Casing 117.78

Owners Well Number (As shown on
application or plan):

P-2

AUTHENTICATION

I certify under penalty of law that I have personally examined
and am familiar with the information submitted in this document
and all attachments and that, based on my inquiry of those indi-
viduals immediately responsible for obtaining the information, I
believe the submitted information is true, accurate and complete.
I am aware that there are significant penalties for submitting
false information including the possibility of fine and imprison-
ment.

Richard C. Mathews
PROFESSIONAL LAND SURVEYOR'S SIGNATURE

Richard C. Mathews
PROFESSIONAL LAND SURVEYOR'S NAME
(Please print or type)

SEAL

New Jersey License #29353
PROFESSIONAL LAND SURVEYOR'S LICENSE #

APPENDIX T

Well Abandonment Reports



July 12, 1996

Mr. Richard Benner
Ortho Diagnostic Systems, Inc.
1001 Route 202 North
Raritan, New Jersey 08869

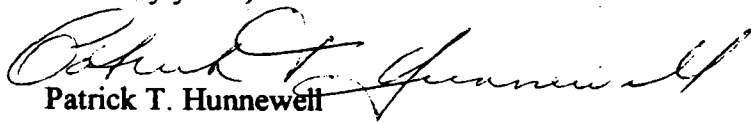
Re: Documentation of Well Abandonment for Monitoring Wells MW-11, MW-12, MW-13
and Piezometer PZ-1

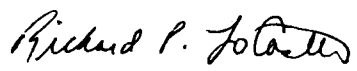
Dear Mr. Benner:

As per your request, attached please find a copy of the approval letter dated April 15, 1996 from the Environmental Protection Agency granting Ortho Diagnostic Systems, Inc. (Ortho) permission for abandonment of the above mentioned monitoring wells and piezometer. The wells and piezometer were abandoned on April 22, 1996 by the Summit Drilling Co., Inc. of Bridgewater, New Jersey. The well abandonment reports which have been submitted to the New Jersey Department of Environmental Protection, Bureau of Water Allocation are also included.

If you have any questions or require additional information, please contact us at (908) 647-8111.

Sincerely yours,


Patrick T. Hunnewell
Assistant Engineer


Richard P. LoCastro, P.G.
Supervising Geoscientist

cc: R. Rosen, Ortho
M. Cicalese, McLaren/Hart
C. Elmendorf, McLaren/Hart

g:\ortholeg\wellaba.dbn



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION II

290 BROADWAY

NEW YORK, NEW YORK 10007-1866

APR 15 1996

Robin Rosen
Environmental Engineer
Ortho Diagnostic Systems, Inc.
Route 202
Raritan, New Jersey 08869

Re: Request for Abandonment of Monitoring Wells, dated March 20, 1996, for the Raritan, NJ facility, EPA ID NJD068715424

Dear Ms. Rosen:

The U.S. Environmental Protection Agency (EPA) Region II has reviewed Ortho Diagnostic Systems (Ortho's) March 20, 1996 request for abandonment of monitoring wells MW-11, MW-12, MW-13 and PZ-2; which was prepared by McLaren Hart.

EPA acknowledges that the planned expansion to Building D would encompass the area around monitoring wells MW-11, MW-12, MW-13 and piezometer PZ-1, and the need to abandon these wells. Since these wells had been monitoring underground storage tanks that were certified closed by the New Jersey Department of Environmental Protection (NJDEP), we do not object if you abandon these wells. However, Ortho should be aware that because the Groundwater Characterization portion of the RFI Workplan has not yet been completed it may be necessary to replace some or all of these wells in the future, as necessary, to complete the Groundwater Characterization portion of the RFI.

Please note that any wells to be abandoned must be done in strict accordance with the NJDEP requirements and documentation of the abandonment must be submitted to EPA and NJDEP.

Please contact Henry Schuver, of my staff, at (212) 637-3908 if you have any questions regarding this matter.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Andrew Bellina", is written over a horizontal line.

Andrew Bellina, P.E.
Chief, Hazardous Waste Facilities Branch

cc: Steve Kehayes, NJDEP

WELL ABANDONMENT REPORT

DATE WELL SEALED 4/22/96

PROPERTY OWNER Cotton Diagnostic Systems
ADDRESS 2001 St. 202 North - Carleton Pl. C3567
WELL LOCATION Same Carleton Pl. Somerset
Street & No., Township, County
PZ-2 C31 C14
Well No. Lot & Block No.

USE OF WELL PRIOR TO ABANDONMENT: Refrigerator

REASON FOR ABANDONMENT: *Not in use*

WAS A NEW WELL DRILLED? ☐ YES ☒ NO PERMIT # OF NEW WELL:

TOTAL DEPTH OF WELL	11'-6"
DIAMETER	2"
CASING LENGTH	3'-10"
SCREEN LENGTH	5'
NUMBER OF CASINGS	7

MATERIAL USED TO SEAL WELL:

7	Gallons of Water
44	Lbs. of Cement
5	Lbs. of Bentonite
1	Lbs. of Sand/Gravel
	(none if well is contaminated)

FORMATION: Consolidated
Unconsolidated

**Cross-section
of sealed well**

Ground Fl.	
5040	7114
5160	6105
5280	5096
5400	4087
5520	3078
5640	2069
5760	1060
5880	0051
6000	9042
6120	8033
6240	7024
6360	6015
6480	5006
6600	4997
6720	3988
6840	2979
6960	1970
7080	0961
7200	9952
7320	8943
7440	7934
7560	6925
7680	5916
7800	4907
7920	3898
8040	2889
8160	1880
8280	0871
8400	9862
8520	8853
8640	7844
8760	6835
8880	5826
9000	4817
9120	3808
9240	2799
9360	1790
9480	0781
9600	9772
9720	8763
9840	7754
9960	6745
10080	5736
10200	4727
10320	3718
10440	2709
10560	1700
10680	0691
10800	9682
10920	8673
11040	7664
11160	6655
11280	5646
11400	4637
11520	3628
11640	2619
11760	1610
11880	0601
12000	9592
12120	8583
12240	7574
12360	6565
12480	5556
12600	4547
12720	3538
12840	2529
12960	1520
13080	0511
13200	9502
13320	8493
13440	7484
13560	6475
13680	5466
13800	4457
13920	3448
14040	2439
14160	1430
14280	0421
14400	9412
14520	8403
14640	7394
14760	6385
14880	5376
15000	4367
15120	3358
15240	2349
15360	1340
15480	0331
15600	9322
15720	8313
15840	7304
15960	6295
16080	5286
16200	4277
16320	3268
16440	2259
16560	1250
16680	0241
16800	9232
16920	8223
17040	7214
17160	6205
17280	5196
17400	4187
17520	3178
17640	2169
17760	1160
17880	0151
18000	9142
18120	8133
18240	7124
18360	6115
18480	5106
18600	4097
18720	3088
18840	2079
18960	1070
19080	0061
19200	9052
19320	8043
19440	7034
19560	6025
19680	5016
19800	4007
19920	3998
20040	2989
20160	1980
20280	0971
20400	9962
20520	8953
20640	7944
20760	6935
20880	5926
21000	4917
21120	3908
21240	2899
21360	1890
21480	0881
21600	9872
21720	8863
21840	7854
21960	6845
22080	5836
22200	4827
22320	3818
22440	2809
22560	

Draw a sketch showing distance and relations of well site to nearest roads, buildings, etc.

To permit adequate grouting, the casing should remain in place, but ungrouted liner pipes or any other obstructions must be removed. Pressure grouting is the only accepted method.

WAS CASING LEFT IN PLACE? ☒ YES ☐ NO CASING MATERIAL: DRG

WERE OTHER OBSTRUCTIONS LEFT IN WELL? ☐ YES ☒ NO WHAT WERE THE OBSTRUCTIONS: *none*

IF "YES", AUTHORIZATION GRANTED BY _____ ON _____
(NJDEP Official) (Date)

I certify that this well was sealed in accordance with N.J.A.C. 7:9-9.1 et seq.

Joseph J. Graham
 Name of NJ Certified Well Sealer
 Performing Work (Print or Type)

3000 1st St. - 1st Floor
 Address

12/13
 Mailing Date

Joseph J. Graham
 Signature of NJ Certified Well Sealer
 Performing Work

1213
 License #

COPIES: White - Water Allocation

Yellow - Owner

Pink - Health Dept.

Goldenrod - Driller

New Jersey Department of Environmental Protection
Water Supply Element — Bureau of Water Allocation

WELL ABANDONMENT REPORT

MAIL TO: Bureau of Water Allocation
CN 426
Trenton, NJ 08625-0426

WELL PERMIT # 25-36542
of well sealed

DATE WELL SEALED 4/22/96

PROPERTY OWNER Cutler Diagnostic Systems
ADDRESS 2001 Rt. 202 N. Princeton NJ 08549
WELL LOCATION Same location as before
Street & No., Township, County
Well No. 17W 11 Lot & Block No. C31 C14

USE OF WELL PRIOR TO ABANDONMENT: Drinking
REASON FOR ABANDONMENT: not in use
WAS A NEW WELL DRILLED? ☐ YES ☒ NO PERMIT # OF NEW WELL: _____

TOTAL DEPTH OF WELL 25'
DIAMETER 6"
CASING LENGTH 13'
SCREEN LENGTH Casing to 29'
NUMBER OF CASINGS 1

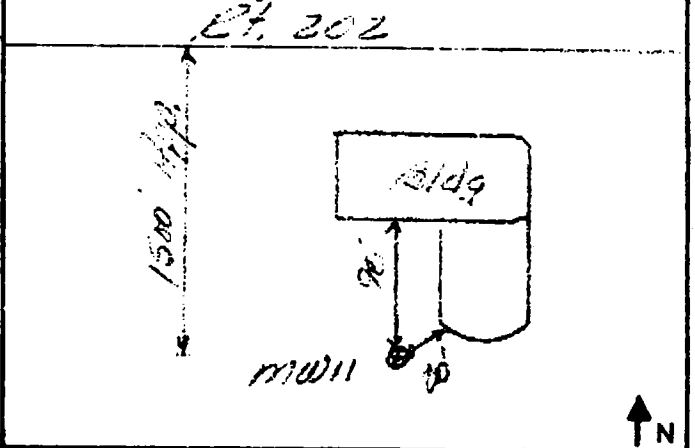
MATERIAL USED TO SEAL WELL:

42 Gallons of Water
564 Lbs. of Cement
30 Lbs. of Bentonite
Lbs. of Sand/Gravel
(none if well is contaminated)

FORMATION: ☒ Consolidated
☐ Unconsolidated

Cross-section of sealed well		
Ground El.		
25'	x	T
25'	x	T
13'	x	M
13'	x	E
6'	x	G
6'	x	O
25'	x	+

Draw a sketch showing distance and relations of well site to nearest roads, buildings, etc.



To permit adequate grouting, the casing should remain in place, but ungrouted liner pipes or any other obstructions must be removed. Pressure grouting is the only accepted method.

WAS CASING LEFT IN PLACE? ☒ YES ☐ NO CASING MATERIAL: Steel

WERE OTHER OBSTRUCTIONS LEFT IN WELL? ☐ YES ☒ NO WHAT WERE THE OBSTRUCTIONS: none

IF "YES", AUTHORIZATION GRANTED BY _____ ON _____ (NJDEP Official) (Date)

I certify that this well was sealed in accordance with N.J.A.C. 7:9-9.1 et seq.

Name of NJ Certified Well Sealer Thomas J. Gorman Address 3001 Rt. 202 N. Princeton NJ
Performing Work (Print or Type) Sealing

Signature of NJ Certified Well Sealer
Performing Work

Mailing Date

License #

COPIES: White - Water Allocation

Yellow - Owner

Pink - Health Dept.

Goldenrod - Driller

New Jersey Department of Environmental Protection
Water Supply Element — Bureau of Water Allocation

WELL ABANDONMENT REPORT

MAIL TO: Bureau of Water Allocation
CN 426
Trenton, NJ 08625-0426

WELL PERMIT # 25-36541
of well sealed

DATE WELL SEALED 4/22/96

PROPERTY OWNER Ortho Diagnostic Systems
ADDRESS 3001 Rt 302 N. Princeton NJ 05569
WELL LOCATION Same Princeton Twp Somerset
Street & No., Township, County
Well No. 1711-12 031 Lot & Block No. 014

USE OF WELL PRIOR TO ABANDONMENT: Monitoring

REASON FOR ABANDONMENT: Not in use

WAS A NEW WELL DRILLED? ☐ YES

☒ NO

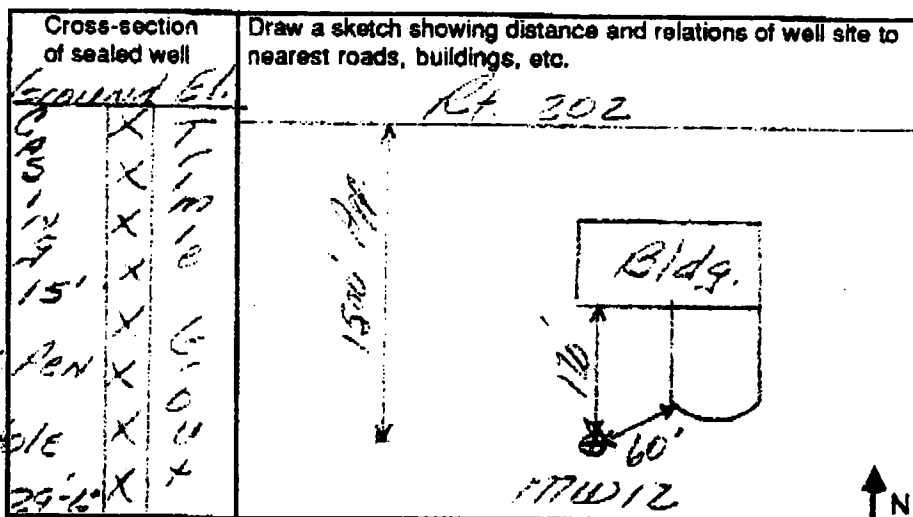
PERMIT # OF NEW WELL: _____

TOTAL DEPTH OF WELL 29'-6"
DIAMETER 6"
CASING LENGTH 15'
SCREEN LENGTH Open hole to 29-6
NUMBER OF CASINGS 1

MATERIAL USED TO SEAL WELL:

42 Gallons of Water
364 Lbs. of Cement
30 Lbs. of Bentonite
Lbs. of Sand/Gravel
(none if well is contaminated)

FORMATION: ☒ Consolidated
☐ Unconsolidated



To permit adequate grouting, the casing should remain in place, but ungrouted liner pipes or any other obstructions must be removed. Pressure grouting is the only accepted method.

WAS CASING LEFT IN PLACE? ☒ YES ☐ NO CASING MATERIAL: Steel

WERE OTHER OBSTRUCTIONS LEFT IN WELL? ☐ YES ☒ NO WHAT WERE THE OBSTRUCTIONS: none

IF "YES", AUTHORIZATION GRANTED BY _____ ON _____ (NJDEP Official) (Date)

I certify that this well was sealed in accordance with N.J.A.C. 7:9-9.1 et seq.

Name of NJ Certified Well Sealer
Performing Work (Print or Type)

Address

Signature of NJ Certified Well Sealer
Performing Work

Mailing Date

License #

COPIES: White - Water Allocation

Yellow - Owner

Pink - Health Dept.

Goldenrod - Driller

TOTAL P.04

New Jersey Department of Environmental Protection
Water Supply Element - Bureau of Water Allocation

WELL ABANDONMENT REPORT

TO: Bureau of Water Allocation
PO Box 426
Trenton, NJ 08625-0426

WELL PERMIT # 25-52854
of well sealed

DATE WELL SEALED 8-11-98

PROPERTY OWNER ORTHO DIAGNOSTIC SYSTEMS, INC.

ADDRESS 1001 ROUTE 202 N. PARITAN NJ 08869

WELL LOCATION (SAME) SOMERSET CTY.

Street & No., Township, County

88

Well No.

14

Lot No.

31

Block No.

USE OF WELL PRIOR TO ABANDONMENT: BORING

REASON FOR ABANDONMENT: NOT IN USE

WAS A NEW WELL DRILLED? ☐ YES ☒ NO

PERMIT # OF NEW WELL -

TOTAL DEPTH OF WELL 30'
DIAMETER 6 in
CASING LENGTH -
SCREEN LENGTH -
NUMBER OF CASINGS -

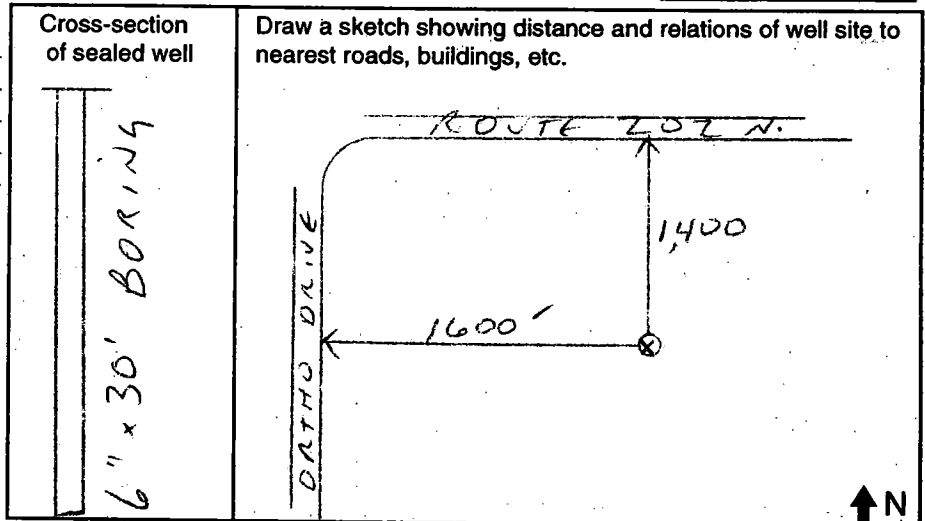
Cross-section
of sealed well

Draw a sketch showing distance and relations of well site to
nearest roads, buildings, etc.

MATERIAL USED TO DECOMMISSION WELL:

42 Gallons of Water
564 Lbs. of Cement
30 Lbs. of Bentonite
- Lbs. of Sand/Gravel
(none if well is contaminated)

FORMATION: ☒ Consolidated
☐ Unconsolidated



To permit adequate grouting, the casing should remain in place, but ungrouted liner pipes or any other obstructions must be removed. Pressure grouting is the only accepted method.

WAS CASING LEFT IN PLACE? ☐ YES ☒ NO CASING MATERIAL: -

WERE OTHER OBSTRUCTIONS LEFT IN WELL? ☐ YES ☒ NO WHAT WERE THE OBSTRUCTIONS: -

IF "YES", AUTHORIZATION GRANTED BY _____ ON _____
(NJDEP Official) (Date)

Was an alternative decommissioning method used? ☐ YES ☒ NO

IF "YES", authorization granted by _____ ON _____
(NJDEP Official) (Date)

I certify that this well was sealed in accordance with N.J.A.C. 7:9-9.1 et seq.

STEVE YOTCOSKI
Performing Work (Print or Type)
Name of NJ Certified Well Sealer

BOUND BROOK NJ
Address
Steven Yotcoski
Signature of NJ Certified Well Sealer
Performing Work

9-10-98
Mailing Date
J1622
Registration #

COPIES: White - Water Allocation Yellow - Owner Pink - Health Dept. Goldenrod - Driller

WELL ABANDONMENT REPORT

INSTALLED 1987

WELL PERMIT # UNKNOWN
of well sealed

TO: Bureau of Water Allocation
PO Box 426
Trenton, NJ 08625-0426

DATE WELL SEALED 11-29-99

PROPERTY OWNER ORTHO DIAGNOSTIC SYSTEMS

ADDRESS 1001 ROUTE 202 NORTH, RAITAN NJ, 08869

WELL LOCATION SAME SOMERSET COUNTY
Street & No., Township, County

MW 3
Well No.

14
Lot No.

31
Block No.

USE OF WELL PRIOR TO ABANDONMENT: MONITORING

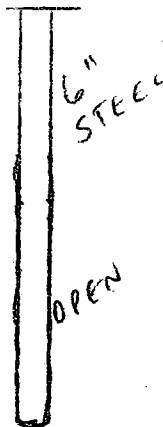
REASON FOR ABANDONMENT: NO LONGER IN USE

WAS A NEW WELL DRILLED? ☐ YES ☒ NO

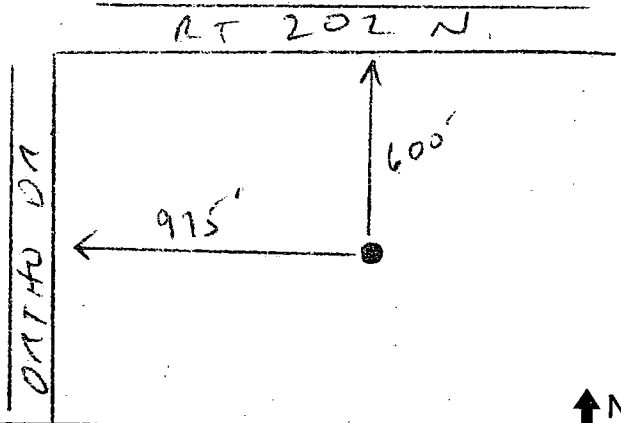
PERMIT # OF NEW WELL —

TOTAL DEPTH OF WELL 120
DIAMETER 6 IN
CASING LENGTH 30
SCREEN LENGTH (OPEN HOLE) 90
NUMBER OF CASINGS 1

Cross-section
of sealed well



Draw a sketch showing distance and relations of well site to
nearest roads, buildings, etc.



SERIAL USED TO DECOMMISSION WELL:

154 Gallons of Water
2068 Lbs. of Cement
110 Lbs. of Bentonite
Lbs. of Sand/Gravel
(none if well is contaminated)

FORMATION: ☒ Consolidated
☐ Unconsolidated

To permit adequate grouting, the casing should remain in place, but ungrouted liner pipes or any other obstructions must be removed. Pressure grouting is the only accepted method.

WAS CASING LEFT IN PLACE? ☒ YES ☐ NO CASING MATERIAL: STEEL

WERE OTHER OBSTRUCTIONS LEFT IN WELL? ☐ YES ☒ NO WHAT WERE THE OBSTRUCTIONS: —

IF "YES", AUTHORIZATION GRANTED BY — ON —
(NJDEP Official) (Date)

Was an alternative decommissioning method used? ☐ YES ☒ NO

IF "YES", authorization granted by — ON —
(NJDEP Official) (Date)

I certify that this well was sealed in accordance with N.J.A.C. 7:9-9.1 et seq.

JOHN VOGT
Performing Work (Print or Type)
Sealer of NJ Certified Well Sealer

BOUND BROOK NJ
Address
John Vogt
Signature of NJ Certified Well Sealer
Performing Work

12-14-99
Mailing Date
J1544
Registration #

COPIES: White - Water Allocation Yellow - Owner Pink - Health Dept. Goldenrod - Driller

WELL ABANDONMENT REPORT

WELL PERMIT # 25-36540
of well sealed

LTO: Bureau of Water Allocation
PO Box 426
Trenton, NJ 08625-0426

DATE WELL SEALED 10-4-00

PROPERTY OWNER ORTHO CLINICAL DIAGNOSTICS

ADDRESS 1001 HIGHWAY 202, RARITAN NJ 08869

WELL LOCATION SAME SOMERSET CTY.
Street & No., Township, County

P-1

Well No.

14

Lot No.

31

Block No.

USE OF WELL PRIOR TO ABANDONMENT: MONITOR

REASON FOR ABANDONMENT: NO LONGER IN USE

WAS A NEW WELL DRILLED? ☐ YES ☒ NO

PERMIT # OF NEW WELL

TOTAL DEPTH OF WELL

5'

DIAMETER

2 IN

CASING LENGTH

1.5

SCREEN LENGTH

3.5

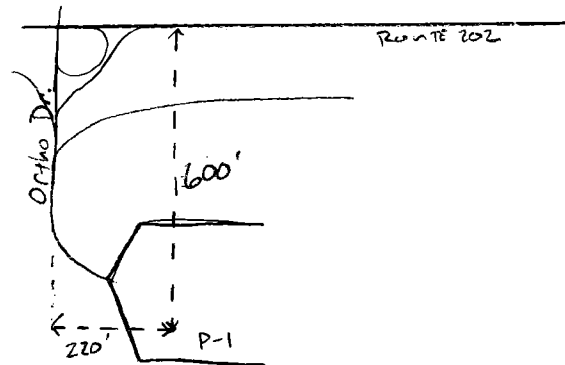
NUMBER OF CASINGS

1

Cross-section
of sealed well



Draw a sketch showing distance and relations of well site to
nearest roads, buildings, etc.



MATERIAL USED TO DECOMMISSION WELL:

74 Gallons of Water
5 Lbs. of Cement
 Lbs. of Bentonite
 Lbs. of Sand/Gravel
(none if well is contaminated)

FORMATION:

☒ Consolidated
☐ Unconsolidated

To permit adequate grouting, the casing should remain in place, but ungrouted liner pipes or any other obstructions must be removed. Pressure grouting is the only accepted method.

WAS CASING LEFT IN PLACE? ☒ YES ☐ NO

CASING MATERIAL: PVC

WERE OTHER OBSTRUCTIONS LEFT IN WELL? ☐ YES ☒ NO WHAT WERE THE OBSTRUCTIONS:

IF "YES", AUTHORIZATION GRANTED BY ON
(NJDEP Official) (Date)

Was an alternative decommissioning method used? ☐ YES ☒ NO

IF "YES", authorization granted by ON
(NJDEP Official) (Date)

I certify that this well was sealed in accordance with N.J.A.C. 7:9-9.1 et seq.

JEFF MARCHESI

BOUND BROOK NJ

11-27-00

Performing Work (Print or Type)
Name of NJ Certified Well Sealer

J Marchesi
Address
Signature of NJ Certified Well Sealer
Performing Work

Mailing Date
11512
Registration #

COPIES: White - Water Allocation Yellow - Owner Pink - Health Dept. Goldenrod - Driller

WELL ABANDONMENT REPORT

☐ **TO: Bureau of Water Allocation**
PO Box 426
Trenton, NJ 08625-0426

WELL PERMIT # NONE
of well sealed

DATE WELL SEALED 10-4-00

PROPERTY OWNER ORTHO CLINICAL DIAGNOSTICS

ADDRESS 1001 HIGHWAY 202, RARITAN NJ, 08869

WELL LOCATION (SAME) SOMERSET COUNTY

Street & No., Township, County

NONE

Well No.

14

Lot No.

31

Block No.

USE OF WELL PRIOR TO ABANDONMENT: SUMP, FREE PRODUCT MONITORING

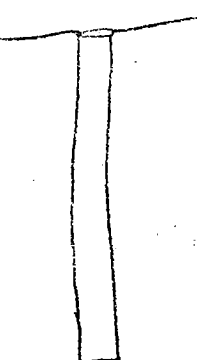
REASON FOR ABANDONMENT: NOT IN USE

WAS A NEW WELL DRILLED? ☐ YES ☒ NO

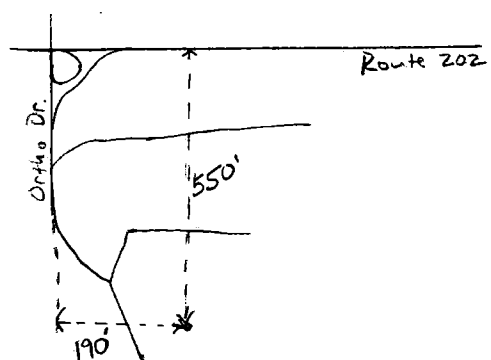
PERMIT # OF NEW WELL —

TOTAL DEPTH OF WELL SUMP 10'
DIAMETER 6 IN
CASING LENGTH 10'
SCREEN LENGTH —
NUMBER OF CASINGS —

Cross-section
of sealed well



Draw a sketch showing distance and relations of well site to
nearest roads, buildings, etc.



☐ MATERIAL USED TO DECOMMISSION WELL:

14 Gallons of Water
188 Lbs. of Cement
10 Lbs. of Bentonite
— Lbs. of Sand/Gravel
(none if well is contaminated)

FORMATION: ☒ Consolidated
☐ Unconsolidated

To permit adequate grouting, the casing should remain in place, but ungrouted liner pipes or any other obstructions must be removed. Pressure grouting is the only accepted method.

WAS CASING LEFT IN PLACE? ☒ YES ☐ NO CASING MATERIAL: PVC

WERE OTHER OBSTRUCTIONS LEFT IN WELL? ☐ YES ☒ NO WHAT WERE THE OBSTRUCTIONS: —

IF "YES", AUTHORIZATION GRANTED BY — ON —
(NJDEP Official) (Date)

Was an alternative decommissioning method used? ☐ YES ☒ NO

IF "YES", authorization granted by — ON —
(NJDEP Official) (Date)

I certify that this well was sealed in accordance with N.J.A.C. 7:9-9.1 et seq.

JEFF MARCITES

BOUND BROOK NJ

11-27-00

Performing Work (Print or Type)
Name of NJ Certified Well Sealer

J Marchin
Address
Signature of NJ Certified Well Sealer
Performing Work

Mailing Date
M1512
Registration #

COPIES: White - Water Allocation Yellow - Owner Pink - Health Dept. Goldenrod - Driller

APPENDIX U

Step-Rate Pumping Test Data

APPENDIX U
Step-Rate Pumping Test Raw Groundwater Elevation Data
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

Test 0, Step 0 Background Interference Check
Start: 12/7/99 16:34 Stop: 12/7/99 18:25

Elapsed Time	MW28	MW28D	MW29D	MW30	MW30D	MW-34	MW-34D
0	94.597	52.666	52.671	87.667	50.828	NR	NR
1	94.597	52.669	52.671	87.67	50.828	NR	NR
2	94.597	52.669	52.668	87.667	50.828	NR	NR
3	94.597	52.669	52.671	87.667	50.828	NR	NR
4	94.597	52.669	52.668	87.667	50.828	NR	NR
5	94.597	52.669	52.668	87.667	50.821	NR	NR
6	94.597	52.669	52.664	87.667	50.821	NR	NR
7	94.597	52.669	52.664	87.667	50.815	NR	NR
8	94.597	52.669	52.661	87.664	50.821	NR	NR
9	94.594	52.669	52.668	87.664	50.821	NR	NR
10	94.597	52.669	52.661	87.667	50.815	NR	NR
11	94.594	52.666	52.664	87.667	50.815	NR	NR
12	94.594	52.666	52.658	87.667	50.821	NR	NR
13	94.594	52.663	52.661	87.664	50.815	NR	NR
14	94.594	52.669	52.664	87.664	50.815	NR	NR
15	94.594	52.669	52.664	87.664	50.815	NR	NR
16	94.594	52.669	52.658	87.664	50.821	NR	NR
17	94.594	52.669	52.658	87.664	50.815	NR	NR
18	94.594	52.669	52.661	87.664	50.815	NR	NR
19	94.594	52.66	52.658	87.664	50.815	NR	NR
20	94.594	52.666	52.658	87.664	50.815	NR	NR
21	94.594	52.666	52.661	87.664	50.815	NR	NR
22	94.594	52.666	52.658	87.664	50.815	NR	NR
23	94.591	52.66	52.658	87.664	50.809	NR	NR
24	94.591	52.669	52.658	87.661	50.809	NR	NR
25	94.594	52.666	52.652	87.664	50.809	NR	NR
26	94.594	52.666	52.658	87.664	50.809	NR	NR
27	94.591	52.657	52.655	87.664	50.802	NR	NR
28	94.591	52.663	52.652	87.661	50.809	NR	NR
29	94.591	52.666	52.649	87.661	50.809	NR	NR
30	94.591	52.666	52.652	87.661	50.802	NR	NR
31	94.591	52.657	52.646	87.661	50.809	NR	NR
32	94.591	52.663	52.646	87.661	50.802	NR	NR
33	94.591	52.663	52.649	87.661	50.802	NR	NR
34	94.591	52.663	52.649	87.658	50.802	NR	NR
35	94.588	52.66	52.646	87.661	50.802	NR	NR
36	94.588	52.66	52.649	87.661	50.802	NR	NR
37	94.588	52.663	52.646	87.661	50.802	NR	NR
38	94.588	52.66	52.646	87.661	50.802	NR	NR
39	94.588	52.66	52.639	87.658	50.802	NR	NR
40	94.588	52.657	52.643	87.661	50.796	NR	NR
41	94.588	52.66	52.643	87.658	50.802	NR	NR
42	94.588	52.66	52.639	87.658	50.802	NR	NR
43	94.585	52.657	52.636	87.658	50.796	NR	NR
44	94.588	52.657	52.639	87.658	50.796	NR	NR
45	94.585	52.657	52.639	87.658	50.802	NR	NR
46	94.585	52.654	52.639	87.658	50.802	NR	NR
47	94.585	52.654	52.636	87.658	50.796	NR	NR
48	94.585	52.654	52.636	87.658	50.796	NR	NR
49	94.585	52.654	52.633	87.658	50.796	NR	NR
50	94.585	52.654	52.63	87.658	50.796	NR	NR
51	94.585	52.65	52.63	87.658	50.796	NR	NR
52	94.585	52.65	52.633	87.658	50.79	NR	NR
53	94.582	52.644	52.63	87.658	50.79	NR	NR
54	94.582	52.644	52.621	87.658	50.79	NR	NR
55	94.585	52.644	52.624	87.658	50.79	NR	NR
56	94.582	52.644	52.624	87.658	50.79	NR	NR
57	94.582	52.644	52.621	87.655	50.79	NR	NR
58	94.582	52.641	52.621	87.655	50.79	NR	NR
59	94.582	52.641	52.621	87.655	50.79	NR	NR
60	94.582	52.641	52.618	87.655	50.783	NR	NR
61	94.582	52.641	52.614	87.652	50.777	NR	NR
62	94.582	52.641	52.614	87.655	50.783	NR	NR
63	94.578	52.638	52.605	87.655	50.783	NR	NR

APPENDIX U
Step-Rate Pumping Test Raw Groundwater Elevation Data
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

64	94.578	52.638	52.608	87.655	50.783	NR	NR
65	94.582	52.638	52.608	87.655	50.783	NR	NR
66	94.578	52.638	52.611	87.652	50.783	NR	NR
67	94.578	52.635	52.608	87.655	50.783	NR	NR
68	94.578	52.635	52.602	87.655	50.783	NR	NR
69	94.578	52.635	52.605	87.652	50.777	NR	NR
70	94.578	52.638	52.611	87.652	50.783	NR	NR
71	94.578	52.635	52.611	87.652	50.777	NR	NR
72	94.578	52.635	52.608	87.655	50.783	NR	NR
73	94.578	52.632	52.608	87.652	50.783	NR	NR
74	94.575	52.632	52.605	87.652	50.777	NR	NR
75	94.578	52.628	52.605	87.652	50.777	NR	NR
76	94.575	52.628	52.602	87.652	50.777	NR	NR
77	94.575	52.625	52.596	87.652	50.777	NR	NR
78	94.575	52.622	52.596	87.652	50.777	NR	NR
79	94.575	52.622	52.599	87.652	50.771	NR	NR
80	94.575	52.622	52.596	87.648	50.771	NR	NR
81	94.575	52.622	52.592	87.648	50.771	NR	NR
82	94.575	52.622	52.596	87.648	50.771	NR	NR
83	94.572	52.622	52.596	87.648	50.771	NR	NR
84	94.572	52.619	52.596	87.648	50.771	NR	NR
85	94.572	52.619	52.589	87.648	50.771	NR	NR
86	94.572	52.622	52.586	87.648	50.771	NR	NR
87	94.572	52.619	52.58	87.648	50.764	NR	NR
88	94.572	52.616	52.577	87.648	50.764	NR	NR
89	94.569	52.616	52.58	87.648	50.764	NR	NR
90	94.569	52.616	52.58	87.645	50.764	NR	NR
91	94.569	52.613	52.577	87.648	50.764	NR	NR
92	94.569	52.613	52.577	87.648	50.771	NR	NR
93	94.569	52.613	52.58	87.645	50.764	NR	NR
94	94.569	52.609	52.58	87.645	50.764	NR	NR
95	94.569	52.609	52.577	87.645	50.758	NR	NR
96	94.569	52.609	52.58	87.645	50.758	NR	NR
97	94.569	52.609	52.577	87.645	50.758	NR	NR
98	94.569	52.609	52.574	87.645	50.758	NR	NR
99	94.569	52.609	52.574	87.645	50.758	NR	NR
100	94.566	52.609	52.564	87.645	50.758	NR	NR
101	94.566	52.606	52.571	87.642	50.752	NR	NR
102	94.566	52.606	52.571	87.642	50.758	NR	NR
103	94.566	52.6	52.567	87.642	50.752	NR	NR
104	94.563	52.6	52.561	87.642	50.752	NR	NR
105	94.566	52.603	52.558	87.642	50.745	NR	NR
106	94.566	52.6	52.555	87.642	50.752	NR	NR
107	94.563	52.6	52.552	87.642	50.752	NR	NR
108	94.563	52.6	52.558	87.639	50.745	NR	NR
109	94.563	52.6	52.561	87.639	50.752	NR	NR
110	94.563	52.6	52.561	87.639	50.745	NR	NR
111	94.563	52.603	52.558	87.639	50.752	NR	NR

NR: Not Recorded.

Test 1, Step 0 Overnight background readings

Start: 12/7/99 18:42 Stop: 12/8/99 7:22

Elapsed Time	MW28	MW28D	MW29D	MW30	MW30D	MW-34	MW34D
0	94.553	52.587	52.537	87.633	51.284	NR	52.711
20	94.544	52.59	52.531	87.623	51.265	NR	52.717
40	94.541	52.575	52.515	87.62	51.246	NR	52.692
60	94.534	52.549	52.487	87.614	51.233	NR	52.66
80	94.528	52.546	52.475	87.604	51.208	NR	52.648
100	94.525	52.537	52.453	87.601	51.202	NR	52.629
120	94.525	52.527	52.44	87.595	51.189	NR	52.623
140	94.525	52.511	52.421	87.592	51.176	NR	52.604
160	94.525	52.499	52.403	87.588	51.157	NR	52.585
180	94.522	52.489	52.384	87.579	51.145	NR	52.572
200	94.525	52.476	52.365	87.576	51.125	NR	52.553
220	94.525	52.461	52.359	87.573	51.113	NR	52.547
240	94.522	52.448	52.343	87.566	51.1	NR	52.535
260	94.522	52.442	52.334	87.557	51.087	NR	52.522

APPENDIX U
Step-Rate Pumping Test Raw Groundwater Elevation Data
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

280	94.525	52.439	52.331	87.554	51.075	NR	52.516
300	94.522	52.432	52.327	87.547	51.062	NR	52.516
320	94.522	52.423	52.321	87.544	51.056	NR	52.503
340	94.522	52.426	52.334	87.541	51.043	NR	52.516
360	94.522	52.423	52.356	87.538	51.043	NR	52.528
380	94.522	52.407	52.365	87.535	51.03	NR	52.528
400	94.522	52.404	52.384	87.532	51.03	NR	52.535
420	94.522	52.397	52.399	87.528	51.024	NR	52.535
440	94.522	52.388	52.415	87.522	51.018	NR	52.541
460	94.518	52.378	52.44	87.519	51.018	NR	52.553
480	94.518	52.382	52.453	87.513	51.011	NR	52.56
500	94.518	52.382	52.478	87.51	51.011	NR	52.572
520	94.522	52.385	52.503	87.506	51.011	NR	52.585
540	94.518	52.378	52.528	87.503	51.011	NR	52.598
560	94.518	52.391	52.553	87.497	51.011	NR	52.616
580	94.518	52.397	52.581	87.497	51.018	NR	52.629
600	94.518	52.401	52.6	87.494	51.018	NR	52.635
620	94.518	52.391	52.619	87.491	51.024	NR	52.648
640	94.518	52.397	52.634	87.487	51.03	NR	52.648
660	94.515	52.401	52.659	87.484	51.037	NR	52.66
680	94.518	52.401	52.672	87.481	51.037	NR	52.667
700	94.515	52.401	52.69	87.478	51.043	NR	52.673
720	94.518	52.404	52.709	87.475	51.043	NR	52.686
740	94.515	52.407	52.716	87.472	51.049	NR	52.686
760	94.522	52.413	52.709	87.468	51.056	NR	52.679

NR: Not Recorded.

Test 2, Step 0 MW-34D transducer check

Start: 12/8/99 8:17 Stop: 12/8/99 10:20

Elapsed Time	MW28	MW28D	MW29D	MW30	MW30D	MW-34	MW34D
0	94.512	52.407	52.681	87.459	56.482	NR	52.648
1	94.515	52.407	52.681	87.459	56.482	NR	52.654
2	94.515	52.407	52.681	87.459	56.482	NR	52.654
3	94.515	52.413	52.684	87.459	56.482	NR	52.654
4	94.515	52.41	52.684	87.459	56.482	NR	52.654
5	94.515	52.413	52.684	87.459	56.482	NR	52.654
6	94.515	52.413	52.684	87.459	56.482	NR	52.654
7	94.515	52.413	52.684	87.456	56.482	NR	52.654
8	94.515	52.416	52.684	87.456	56.482	NR	52.654
9	94.515	52.416	52.684	87.459	56.482	NR	52.654
10	94.515	52.413	52.684	87.456	56.482	NR	52.654
11	94.515	52.413	52.684	87.459	56.482	NR	52.654
12	94.515	52.413	52.681	87.459	56.482	NR	52.648
13	94.515	52.413	52.681	87.456	56.482	NR	52.648
14	94.515	52.413	52.684	87.456	56.482	NR	52.648
15	94.515	52.413	52.681	87.459	56.482	NR	52.648
16	94.515	52.413	52.681	87.456	56.482	NR	52.648
17	94.515	52.413	52.681	87.456	56.482	NR	52.648
18	94.515	52.413	52.681	87.456	56.482	NR	52.648
19	94.515	52.404	52.678	87.456	56.482	NR	52.648
20	94.515	52.413	52.678	87.456	56.482	NR	52.648
21	94.515	52.416	52.681	87.456	56.482	NR	52.648
22	94.515	52.416	52.678	87.459	56.482	NR	52.648
23	94.515	52.41	52.678	87.456	56.482	NR	52.648
24	94.515	52.416	52.681	87.456	56.482	NR	52.648
25	94.515	52.42	52.681	87.456	56.482	NR	52.648
26	94.512	52.42	52.681	87.456	56.488	NR	52.648
27	94.515	52.41	52.681	87.456	56.482	NR	52.648
28	94.515	52.42	52.678	87.456	56.482	NR	52.648
29	94.515	52.42	52.681	87.456	56.488	NR	52.648
30	94.515	52.42	52.678	87.456	56.482	NR	52.648
31	94.515	52.41	52.681	87.456	56.488	NR	52.648
32	94.515	52.416	52.678	87.456	56.488	NR	52.648
33	94.515	52.42	52.675	87.456	56.488	NR	52.642
34	94.512	52.413	52.675	87.456	56.482	NR	52.648
35	94.512	52.413	52.675	87.456	56.488	NR	52.642
36	94.512	52.416	52.678	87.456	56.488	NR	52.642

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37	94.512	52.416	52.672	87.456	56.488	NR	52.642
38	94.512	52.416	52.678	87.456	56.482	NR	52.648
39	94.512	52.416	52.675	87.456	56.488	NR	52.642
40	94.512	52.416	52.672	87.456	56.482	NR	52.635
41	94.512	52.413	52.672	87.456	56.488	NR	52.642
42	94.512	52.416	52.672	87.456	56.488	NR	52.642
43	94.512	52.416	52.672	87.456	56.488	NR	52.642
44	94.512	52.416	52.672	87.456	56.488	NR	52.635
45	94.512	52.413	52.672	87.456	56.488	NR	52.642
46	94.509	52.416	52.672	87.456	56.482	NR	52.642
47	94.512	52.416	52.672	87.456	56.488	NR	52.642
48	94.509	52.416	52.672	87.453	56.488	NR	52.642
49	94.509	52.416	52.669	87.456	56.488	NR	52.635
50	94.509	52.416	52.669	87.456	56.488	NR	52.642
51	94.509	52.416	52.672	87.453	56.482	NR	52.635
52	94.509	52.413	52.669	87.453	56.488	NR	52.635
53	94.509	52.416	52.669	87.453	56.488	NR	52.635
54	94.509	52.416	52.665	87.456	56.488	NR	52.635
55	94.509	52.413	52.665	87.456	56.488	NR	52.635
56	94.509	52.416	52.665	87.456	56.488	NR	52.635
57	94.509	52.416	52.665	87.453	56.488	NR	52.635
58	94.509	52.416	52.665	87.453	49.728	NR	52.635
59	94.509	52.416	52.665	87.453	32.815	NR	52.635
60	94.509	52.413	52.665	87.453	32.796	NR	52.635
61	94.509	52.416	52.665	87.453	32.771	NR	52.635
62	94.509	52.416	52.669	87.453	32.752	NR	52.635
63	94.506	52.416	52.665	87.453	32.74	NR	52.635
64	94.509	52.413	52.665	87.453	32.733	NR	52.635
65	94.506	52.413	52.662	87.453	32.733	NR	52.635
66	94.509	52.413	52.665	87.453	32.746	NR	52.635
67	94.509	52.416	52.662	87.453	32.733	NR	52.635
68	94.509	52.416	52.659	87.453	32.733	NR	52.635
69	94.509	52.413	52.662	87.453	32.746	NR	52.635
70	94.506	52.413	52.659	87.453	32.733	NR	52.635
71	94.506	52.413	52.662	87.453	32.733	NR	52.629
72	94.509	52.41	52.656	87.453	32.727	NR	52.629
73	94.506	52.413	52.659	87.453	32.733	NR	52.629
74	94.506	52.41	52.656	87.453	32.733	NR	52.629
75	94.506	52.413	52.656	87.453	32.727	NR	52.629
76	94.506	52.413	52.653	87.45	32.721	NR	52.629
77	94.509	52.413	52.656	87.453	32.727	NR	52.623
78	94.506	52.413	52.659	87.453	32.721	NR	52.629
79	94.506	52.413	52.656	87.45	32.727	NR	52.629
80	94.506	52.41	52.653	87.45	32.733	NR	52.629
81	94.506	52.407	52.656	87.453	32.733	NR	52.629
82	94.506	52.407	52.653	87.45	32.727	NR	52.629
83	94.506	52.407	52.65	87.45	32.733	NR	52.629
84	94.506	52.407	52.65	87.45	32.727	NR	52.623
85	94.503	52.407	52.65	87.45	32.727	NR	52.623
86	94.506	52.407	52.65	87.45	32.727	NR	52.623
87	94.503	52.41	52.647	87.45	32.733	NR	52.623
88	94.506	52.41	52.653	87.453	32.733	NR	52.629
89	94.503	52.41	52.656	87.45	32.733	NR	52.629
90	94.503	52.41	52.653	87.45	32.727	NR	52.629
91	94.503	52.407	52.65	87.45	32.733	NR	52.623
92	94.503	52.41	52.644	87.45	32.733	NR	52.623
93	94.503	52.407	52.644	87.45	32.74	NR	52.629
94	94.503	52.41	52.647	87.45	32.74	NR	52.623
95	94.503	52.407	52.64	87.45	32.733	NR	52.623
96	94.503	52.407	52.644	87.45	32.733	NR	52.623
97	94.503	52.407	52.644	87.446	32.733	NR	52.623
98	94.503	52.407	52.644	87.446	32.733	NR	52.616
99	94.503	52.407	52.647	87.446	32.733	NR	52.623
100	94.503	52.407	52.64	87.45	32.746	NR	52.616
101	94.503	52.407	52.637	87.45	32.74	NR	52.616
102	94.503	52.407	52.631	87.45	32.746	NR	52.61
103	94.503	52.407	52.631	87.45	32.746	NR	52.61

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104	94.499	52.407	52.637	87.45	32.752	NR	52.61
105	94.499	52.41	52.637	87.45	32.771	NR	52.61
106	94.503	52.41	52.64	87.45	32.771	NR	52.61
107	94.499	52.41	52.647	87.45	32.771	NR	52.623
108	94.499	52.413	52.64	87.446	32.771	NR	52.623
109	94.499	52.413	52.647	87.446	32.771	NR	52.616
110	94.499	52.413	52.647	87.45	32.771	NR	52.629
111	94.499	52.413	52.644	87.446	32.765	NR	52.623
112	94.499	52.413	52.644	87.446	32.771	NR	52.623
113	94.499	52.413	52.637	87.446	47.581	NR	52.623
114	94.499	52.416	52.637	87.446	50.495	NR	52.623
115	94.499	52.416	52.64	87.45	48.233	NR	52.623
116	94.496	52.416	52.637	87.446	50.001	NR	52.623
117	94.496	52.413	52.637	87.446	50.97	NR	52.616
118	94.499	52.416	52.644	87.446	50.964	NR	52.616
119	94.499	52.416	52.644	87.446	50.964	NR	52.616
120	94.496	52.416	52.644	87.446	50.964	NR	52.623
121	94.496	52.416	52.64	87.446	50.958	NR	52.616
122	94.496	52.416	52.64	87.446	50.951	NR	52.616
123	94.493	52.41	52.631	87.446	50.945	NR	52.616

NR: Not Recorded.

Test 3, Step 0 MW-30D Pump test (2 gpm) and recovery

Start: 12/8/99 11:29 Stop: 12/8/99 14:11

Elapsed Time	MW28	MW28D	MW29D	MW30	MW30D	MW34	MW34D
0	94.481	59.315	52.631	87.443	50.748	80.782	52.629
0.0083	94.481	59.315	52.631	87.443	50.748	80.782	52.623
0.0166	94.481	59.315	52.628	87.443	50.748	80.782	52.623
0.025	94.481	59.315	52.628	87.443	50.748	80.782	52.623
0.0333	94.481	59.315	52.628	87.443	50.748	80.782	52.616
0.0416	94.481	59.315	52.628	87.443	50.748	80.782	52.616
0.05	94.481	59.315	52.628	87.443	50.698	80.782	52.616
0.0583	94.481	59.315	52.628	87.443	50.235	80.782	52.623
0.0666	94.481	59.315	52.628	87.443	50.463	80.782	52.623
0.075	94.481	59.315	52.628	87.443	50.444	80.782	52.616
0.0833	94.481	59.315	52.628	87.443	50.064	80.782	52.616
0.0916	94.481	59.315	52.628	87.443	49.912	80.782	52.616
0.1	94.481	59.315	52.628	87.443	49.887	80.782	52.616
0.1083	94.481	59.315	52.628	87.443	49.678	80.782	52.616
0.1166	94.481	59.315	52.628	87.443	49.475	80.782	52.616
0.125	94.481	59.312	52.631	87.443	49.291	80.782	52.616
0.1333	94.481	59.312	52.628	87.443	49.082	80.782	52.616
0.1416	94.481	59.315	52.628	87.443	48.981	80.782	52.623
0.15	94.481	59.315	52.628	87.443	48.816	80.782	52.623
0.1583	94.484	59.312	52.628	87.443	48.746	80.782	52.623
0.1666	94.481	59.315	52.628	87.443	48.677	80.782	52.623
0.175	94.481	59.312	52.628	87.443	48.601	80.782	52.623
0.1833	94.481	59.312	52.628	87.443	48.493	80.782	52.623
0.1916	94.481	59.312	52.628	87.443	48.189	80.782	52.616
0.2	94.481	59.315	52.628	87.443	48.056	80.782	52.623
0.2083	94.481	59.312	52.628	87.443	48.081	80.782	52.623
0.2166	94.481	59.312	52.628	87.443	48.176	80.782	52.616
0.225	94.481	59.312	52.628	87.443	48.1	80.782	52.616
0.2333	94.484	59.315	52.631	87.443	47.784	80.782	52.616
0.2416	94.484	59.312	52.628	87.443	48.005	80.782	52.623
0.25	94.481	59.312	52.628	87.443	47.847	80.782	52.623
0.2583	94.481	59.312	52.628	87.443	47.72	80.782	52.616
0.2666	94.481	59.312	52.628	87.443	47.853	80.782	52.616
0.275	94.481	59.312	52.631	87.443	47.607	80.782	52.623
0.2833	94.481	59.312	52.628	87.443	47.796	80.782	52.616
0.2916	94.481	59.315	52.628	87.443	47.79	80.782	52.623
0.3	94.481	59.312	52.631	87.443	47.499	80.782	52.616
0.3083	94.481	59.315	52.628	87.443	47.569	80.782	52.616
0.3166	94.481	59.312	52.631	87.443	47.562	80.782	52.623
0.325	94.481	59.315	52.628	87.443	47.493	80.782	52.616
0.3333	94.481	59.315	52.631	87.443	47.391	80.782	52.623
0.35	94.481	59.315	52.631	87.443	47.385	80.782	52.623

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0.3666	94.481	59.315	52.631	87.443	47.353	80.782	52.623
0.3833	94.484	59.315	52.631	87.443	47.252	80.782	52.623
0.4	94.481	59.315	52.631	87.443	47.1	80.782	52.623
0.4166	94.481	59.315	52.631	87.443	47.049	80.782	52.623
0.4333	94.481	59.312	52.631	87.443	47.182	80.782	52.623
0.45	94.481	59.315	52.631	87.443	47.233	80.782	52.623
0.4666	94.484	59.315	52.631	87.443	47.239	80.782	52.623
0.4833	94.481	59.315	52.631	87.443	47.144	80.782	52.616
0.5	94.481	59.312	52.631	87.443	47.049	80.782	52.623
0.5166	94.481	59.315	52.631	87.443	47.011	80.782	52.623
0.5333	94.481	59.312	52.628	87.443	47.138	80.782	52.623
0.55	94.484	59.315	52.631	87.443	47.106	80.782	52.623
0.5666	94.484	59.312	52.628	87.443	47.1	80.782	52.623
0.5833	94.484	59.315	52.628	87.443	46.948	80.782	52.623
0.6	94.481	59.315	52.628	87.443	46.91	80.782	52.623
0.6166	94.481	59.315	52.631	87.443	46.986	80.782	52.623
0.6333	94.481	59.315	52.631	87.443	47.03	80.782	52.623
0.65	94.481	59.315	52.628	87.443	46.948	80.782	52.616
0.6666	94.481	59.315	52.628	87.443	46.923	80.782	52.623
0.6833	94.481	59.315	52.628	87.446	46.847	80.782	52.623
0.7	94.481	59.315	52.628	87.443	46.79	80.782	52.623
0.7166	94.481	59.315	52.628	87.443	46.815	80.782	52.623
0.7333	94.481	59.312	52.628	87.443	46.872	80.782	52.623
0.75	94.481	59.315	52.628	87.443	46.954	80.782	52.623
0.7666	94.481	59.315	52.628	87.443	46.872	80.782	52.623
0.7833	94.484	59.315	52.628	87.443	46.802	80.782	52.623
0.8	94.481	59.312	52.628	87.446	46.708	80.782	52.623
0.8166	94.484	59.312	52.628	87.443	46.689	80.782	52.623
0.8333	94.484	59.312	52.628	87.443	46.676	80.782	52.623
0.85	94.481	59.312	52.628	87.443	46.701	80.782	52.623
0.8666	94.481	59.315	52.628	87.443	46.72	80.782	52.623
0.8833	94.484	59.315	52.628	87.446	46.739	80.782	52.623
0.9	94.484	59.312	52.628	87.443	46.79	80.782	52.623
0.9166	94.481	59.312	52.628	87.443	46.714	80.782	52.623
0.9333	94.484	59.315	52.628	87.443	46.676	80.782	52.623
0.95	94.484	59.315	52.628	87.443	46.575	80.782	52.623
0.9666	94.484	59.312	52.628	87.443	46.676	80.782	52.623
0.9833	94.484	59.315	52.628	87.443	46.467	80.782	52.623
1	94.481	59.315	52.628	87.443	46.48	80.782	52.623
1.2	94.484	59.315	52.628	87.443	46.163	80.782	52.629
1.4	94.484	59.315	52.631	87.443	45.809	80.782	52.623
1.6	94.484	59.315	52.628	87.446	45.6	80.782	52.623
1.8	94.484	59.315	52.628	87.443	45.29	80.782	52.623
2	94.484	59.319	52.628	87.443	44.923	80.782	52.623
2.2	94.484	59.315	52.631	87.446	44.683	80.782	52.623
2.4	94.484	59.319	52.631	87.446	44.448	80.782	52.629
2.6	94.484	59.319	52.631	87.446	44.195	80.782	52.623
2.8	94.484	59.315	52.628	87.446	44.088	80.782	52.623
3	94.484	59.319	52.628	87.446	43.746	80.782	52.623
3.2	94.484	59.319	52.628	87.446	43.493	80.782	52.623
3.4	94.484	59.319	52.628	87.45	43.272	80.782	52.623
3.6	94.484	59.319	52.625	87.446	43.171	80.782	52.623
3.8	94.484	59.315	52.628	87.446	42.728	80.782	52.629
4	94.487	59.319	52.628	87.446	42.659	80.782	52.623
4.2	94.487	59.315	52.628	87.446	42.324	80.782	52.629
4.4	94.487	59.319	52.625	87.446	42.007	80.782	52.623
4.6	94.487	59.319	52.628	87.446	41.9	80.782	52.629
4.8	94.487	59.319	52.628	87.446	41.59	80.782	52.623
5	94.487	59.319	52.628	87.446	41.356	80.782	52.629
5.2	94.487	59.319	52.628	87.446	41.123	80.782	52.629
5.4	94.487	59.319	52.631	87.446	40.939	80.782	52.629
5.6	94.487	59.319	52.631	87.446	40.674	80.782	52.635
5.8	94.487	59.319	52.634	87.446	40.51	80.782	52.635
6	94.487	59.315	52.634	87.446	40.194	80.782	52.635
6.2	94.487	59.315	52.634	87.446	40.017	80.782	52.642
6.4	94.487	59.319	52.634	87.446	39.859	80.782	52.635
6.6	94.487	59.319	52.631	87.446	39.6	80.782	52.635

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6.8	94.487	59.315	52.628	87.446	39.391	80.782	52.629
7	94.487	59.319	52.628	87.446	39.208	80.782	52.629
7.2	94.487	59.319	52.625	87.446	38.943	80.782	52.629
7.4	94.487	59.319	52.622	87.446	38.76	80.782	52.629
7.6	94.49	59.319	52.622	87.446	38.513	80.782	52.629
7.8	94.487	59.319	52.625	87.446	38.343	80.782	52.635
8	94.487	59.319	52.628	87.446	38.153	80.782	52.635
8.2	94.49	59.319	52.628	87.446	37.964	80.782	52.629
8.4	94.49	59.319	52.625	87.446	37.711	80.782	52.635
8.6	94.487	59.319	52.625	87.446	37.528	80.782	52.629
8.8	94.49	59.319	52.628	87.446	37.307	80.782	52.629
9	94.487	59.319	52.625	87.446	37.105	80.782	52.629
9.2	94.49	59.319	52.625	87.446	36.878	80.782	52.623
9.4	94.487	59.319	52.622	87.446	36.727	80.782	52.623
9.6	94.487	59.319	52.622	87.446	36.506	80.782	52.623
9.8	94.49	59.319	52.622	87.446	36.291	80.782	52.623
10	94.487	59.3	52.619	87.443	36.102	80.782	52.616
12	94.49	59.303	52.628	87.446	34.234	80.782	52.629
14	94.49	59.303	52.628	87.443	32.771	80.782	52.629
16	94.49	59.303	52.622	87.446	32.765	80.782	52.623
18	94.49	59.306	52.622	87.446	33.339	80.782	52.629
20	94.49	59.309	52.622	87.446	34.127	80.782	52.623
22	94.49	59.312	52.625	87.446	34.915	80.782	52.629
24	94.49	59.312	52.637	87.446	35.66	80.782	52.635
26	94.49	59.312	52.631	87.446	36.386	80.782	52.629
28	94.49	59.312	52.619	87.446	37.086	80.782	52.623
30	94.49	59.312	52.628	87.446	37.768	80.782	52.629
32	94.49	59.315	52.619	87.446	38.412	80.782	52.623
34	94.49	59.315	52.622	87.45	39.069	80.782	52.629
36	94.49	59.315	52.64	87.446	39.682	80.782	52.629
38	94.49	59.315	52.625	87.45	40.282	80.782	52.629
40	94.49	59.315	52.619	87.45	40.844	80.782	52.629
42	94.49	59.319	52.615	87.45	41.388	80.782	52.629
44	94.49	59.319	52.619	87.446	41.919	80.782	52.623
46	94.49	59.319	52.612	87.446	42.425	80.782	52.623
48	94.49	59.319	52.612	87.446	42.918	80.782	52.616
50	94.49	59.322	52.619	87.45	43.392	80.782	52.616
52	94.49	59.322	52.628	87.45	43.829	80.782	52.629
54	94.49	59.319	52.622	87.45	44.246	80.782	52.635
56	94.49	59.319	52.609	87.45	44.657	80.782	52.629
58	94.49	59.319	52.606	87.45	45.037	80.782	52.616
60	94.487	59.315	52.606	87.45	45.404	80.782	52.616
62	94.487	59.319	52.603	87.45	45.758	80.782	52.616
64	94.49	59.315	52.615	87.453	46.094	80.782	52.623
66	94.49	59.319	52.603	87.45	46.404	80.782	52.623
68	94.487	59.319	52.612	87.453	46.701	80.782	52.623
70	94.487	59.319	52.606	87.45	46.98	80.782	52.623
72	94.487	59.315	52.593	87.45	47.246	80.782	52.616
74	94.487	59.319	52.597	87.45	47.512	80.782	52.61
76	94.487	59.319	52.593	87.453	47.727	80.782	52.61
78	94.487	59.319	52.597	87.453	47.948	80.782	52.616
80	94.487	59.319	52.597	87.453	48.151	80.782	52.61
82	94.487	59.319	52.606	87.453	48.347	80.782	52.616
84	94.487	59.319	52.593	87.453	48.525	80.782	52.616
86	94.487	59.319	52.6	87.453	48.696	80.782	52.616
88	94.487	59.319	52.587	87.453	48.848	80.782	52.61
90	94.487	59.319	52.597	87.453	48.993	80.782	52.616
92	94.487	59.319	52.59	87.453	49.12	80.782	52.61
94	94.49	59.319	52.593	87.453	49.24	80.782	52.616
96	94.487	59.315	52.587	87.456	49.348	80.782	52.61
98	94.487	59.319	52.59	87.453	49.45	80.782	52.61
100	94.487	59.319	52.581	87.453	49.538	80.782	52.61
102	94.487	59.319	52.581	87.456	49.621	80.782	52.604
104	94.487	59.319	52.587	87.456	49.697	80.782	52.604
106	94.487	59.319	52.581	87.453	49.766	80.782	52.61
108	94.484	59.319	52.581	87.453	49.83	80.782	52.604
110	94.487	59.315	52.572	87.456	49.887	80.782	52.604

APPENDIX U
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Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

112	94.487	59.322	52.584	87.456	49.937	80.782	52.604
114	94.487	59.319	52.581	87.456	49.975	80.782	52.604
116	94.484	59.322	52.575	87.456	50.013	80.782	52.604
118	94.484	59.322	52.581	87.456	50.051	80.782	52.604
120	94.484	59.325	52.578	87.456	50.083	80.782	52.61
122	94.487	59.328	52.578	87.456	50.115	80.782	52.61
124	94.484	59.328	52.581	87.459	50.134	80.782	52.61
126	94.484	59.328	52.578	87.459	50.153	80.782	52.61
128	94.484	59.328	52.578	87.459	50.178	80.782	52.61
130	94.484	59.328	52.578	87.459	50.191	80.782	52.61
132	94.484	59.328	52.575	87.459	50.203	80.782	52.61
134	94.484	59.325	52.572	87.459	50.21	80.782	52.61
136	94.484	59.328	52.572	87.462	50.222	80.782	52.61
138	94.484	59.328	52.581	87.459	50.235	80.782	52.61
140	94.484	59.328	52.581	87.462	50.241	80.782	52.61
142	94.484	59.328	52.578	87.462	50.248	80.782	52.61
144	94.484	59.328	52.568	87.462	50.254	80.782	52.604
146	94.484	59.328	52.572	87.462	50.254	80.782	52.604
148	94.484	59.328	52.568	87.462	50.26	80.782	52.61
150	94.484	59.331	52.575	87.462	50.267	80.782	52.61
152	94.484	59.331	52.572	87.465	50.267	80.782	52.61
154	94.484	59.331	52.572	87.462	50.267	80.782	52.61
156	94.484	59.331	52.572	87.462	50.273	80.782	52.61
158	94.484	59.331	52.572	87.465	50.273	80.782	52.61
160	94.484	59.331	52.572	87.465	50.279	80.782	52.61
162	94.484	59.334	52.575	87.465	50.279	80.782	52.616

Test 4, Step 0 MW-28D Transducer check

Start: 12/8/99 15:09 Stop: 12/8/99 15:10

Elapsed Time	MW28	MW28D	MW29D	MW30	MW30D	MW34	MW34D
0	94.474	53.326	52.54	87.472	50.286	95.457	52.604
0.0083	94.474	53.326	52.54	87.472	50.286	95.457	52.598
0.0166	94.474	53.326	52.54	87.472	50.286	95.457	52.591
0.025	94.474	53.326	52.54	87.472	50.286	95.457	52.591
0.0333	94.474	53.326	52.54	87.472	50.286	95.454	52.591
0.0416	94.474	53.326	52.54	87.472	50.286	95.457	52.591
0.05	94.474	53.326	52.54	87.472	50.286	95.454	52.591
0.0583	94.474	53.326	52.54	87.472	50.286	95.457	52.591
0.0666	94.474	53.326	52.54	87.472	50.286	95.454	52.591
0.075	94.474	53.326	52.54	87.472	50.286	95.454	52.591
0.0833	94.474	53.326	52.54	87.472	50.286	95.454	52.591
0.0916	94.474	53.323	52.54	87.472	50.286	95.457	52.591
0.1	94.474	53.326	52.54	87.472	50.286	95.454	52.591
0.1083	94.474	53.326	52.54	87.472	50.286	95.457	52.591
0.1166	94.474	53.326	52.54	87.472	50.286	95.457	52.591
0.125	94.474	53.326	52.54	87.472	50.286	95.457	52.591
0.1333	94.474	53.326	52.54	87.472	50.286	95.454	52.591
0.1416	94.474	53.323	52.54	87.472	50.286	95.454	52.591
0.15	94.474	53.326	52.54	87.472	50.292	95.457	52.591
0.1583	94.474	53.326	52.54	87.472	50.286	95.454	52.591
0.1666	94.474	53.326	52.54	87.472	50.292	95.457	52.591
0.175	94.474	53.326	52.54	87.472	50.286	95.454	52.591
0.1833	94.474	53.326	52.54	87.472	50.286	95.457	52.591
0.1916	94.474	53.323	52.54	87.472	50.286	95.457	52.591
0.2	94.474	53.323	52.54	87.472	50.286	95.454	52.591
0.2083	94.474	53.323	52.54	87.472	50.286	95.457	52.591
0.2166	94.474	53.323	52.54	87.472	50.286	95.457	52.591
0.225	94.474	53.326	52.54	87.472	50.286	95.454	52.591
0.2333	94.474	53.326	52.54	87.472	50.286	95.454	52.591
0.2416	94.474	53.323	52.54	87.472	50.292	95.454	52.591
0.25	94.474	53.326	52.54	87.472	50.292	95.457	52.591
0.2583	94.474	53.326	52.54	87.472	50.286	95.457	52.591
0.2666	94.474	53.323	52.54	87.472	50.286	95.457	52.591
0.275	94.474	53.326	52.54	87.472	50.286	95.457	52.591
0.2833	94.474	53.323	52.54	87.472	50.292	95.454	52.591
0.2916	94.474	53.326	52.537	87.472	50.292	95.454	52.591
0.3	94.474	53.323	52.54	87.472	50.286	95.454	52.591

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0.3083	94.474	53.326	52.54	87.472	50.286	95.454	52.591
0.3166	94.474	53.326	52.54	87.472	50.286	95.457	52.591
0.325	94.474	53.326	52.54	87.472	50.292	95.457	52.591
0.3333	94.474	53.326	52.54	87.472	50.286	95.454	52.591
0.35	94.474	53.323	52.54	87.472	50.286	95.454	52.591
0.3666	94.474	53.326	52.537	87.472	50.286	95.454	52.591
0.3833	94.474	53.326	52.54	87.472	50.286	95.457	52.591
0.4	94.474	53.323	52.54	87.472	50.286	95.457	52.591
0.4166	94.474	53.326	52.54	87.472	50.286	95.454	52.591
0.4333	94.474	53.326	52.54	87.472	50.286	95.454	52.591
0.45	94.474	53.326	52.54	87.472	50.286	95.457	52.591
0.4666	94.474	53.323	52.537	87.472	50.286	95.454	52.591
0.4833	94.474	53.326	52.537	87.472	50.286	95.454	52.591
0.5	94.474	53.323	52.54	87.472	50.286	95.454	52.591
0.5166	94.471	53.326	52.54	87.472	50.286	95.454	52.591
0.5333	94.474	53.323	52.54	87.472	50.286	95.457	52.591
0.55	94.474	53.323	52.54	87.472	50.286	95.454	52.591
0.5666	94.474	53.323	52.537	87.472	50.286	95.454	52.591
0.5833	94.474	53.326	52.537	87.472	50.286	95.454	52.591
0.6	94.474	53.323	52.54	87.472	50.286	95.454	52.591
0.6166	94.474	53.326	52.54	87.472	50.286	95.454	52.591
0.6333	94.474	53.326	52.54	87.472	50.292	95.454	52.591
0.65	94.474	53.326	52.537	87.472	50.286	95.454	52.591
0.6666	94.474	53.326	52.54	87.472	50.286	95.457	52.591
0.6833	94.477	53.326	52.54	87.472	50.286	95.454	52.591
0.7	94.474	53.326	52.54	87.472	50.286	95.457	52.591
0.7166	94.474	53.326	52.537	87.472	50.286	95.457	52.591
0.7333	94.474	53.326	52.537	87.472	50.292	95.457	52.591
0.75	94.474	53.329	52.54	87.472	50.286	95.454	52.591
0.7666	94.474	53.326	52.537	87.472	50.286	95.457	52.591
0.7833	94.474	53.329	52.537	87.472	50.286	95.457	52.591
0.8	94.474	53.329	52.537	87.472	50.286	95.454	52.591
0.8166	94.477	53.326	52.537	87.472	50.286	95.454	52.591
0.8333	94.474	53.329	52.537	87.472	50.286	95.454	52.591
0.85	94.474	53.329	52.54	87.472	50.292	95.454	52.591
0.8666	94.477	53.326	52.537	87.472	50.286	95.454	52.591
0.8833	94.477	53.329	52.54	87.472	50.286	95.454	52.591
0.9	94.477	53.329	52.54	87.472	50.286	95.454	52.591
0.9166	94.474	53.326	52.537	87.472	50.286	95.454	52.591
0.9333	94.474	53.326	52.54	87.472	50.292	95.454	52.591
0.95	94.477	53.326	52.54	87.472	50.286	95.457	52.591
0.9666	94.474	53.329	52.537	87.472	50.286	95.454	52.591
0.9833	94.474	53.326	52.537	87.472	50.286	95.454	52.591
1	94.477	53.329	52.54	87.472	50.286	95.454	52.591

Test 4, Step 1 MW-28D Pump test (1.2 gpm)

Start: 12/8/99 15:10 Stop: 12/8/99 16:10

Elapsed Time	MW28	MW28D	MW29D	MW30	MW30D	MW34	MW34D
0	94.474	53.335	52.537	87.472	50.286	95.457	52.598
0.0083	94.474	53.332	52.54	87.468	50.286	95.457	52.591
0.0166	94.474	53.323	52.54	87.468	50.286	95.457	52.591
0.025	94.474	53.329	52.537	87.468	50.286	95.457	52.591
0.0333	94.474	53.326	52.537	87.468	50.286	95.457	52.591
0.0416	94.474	53.329	52.537	87.468	50.286	95.457	52.591
0.05	94.474	53.323	52.537	87.468	50.286	95.457	52.591
0.0583	94.474	53.323	52.537	87.468	50.286	95.454	52.591
0.0666	94.474	53.294	52.537	87.468	50.286	95.454	52.591
0.075	94.474	53.319	52.537	87.468	50.286	95.457	52.591
0.0833	94.474	53.313	52.537	87.468	50.292	95.457	52.591
0.0916	94.474	53.319	52.537	87.468	50.286	95.457	52.591
0.1	94.474	53.275	52.537	87.468	50.286	95.457	52.591
0.1083	94.474	53.291	52.537	87.468	50.286	95.457	52.591
0.1166	94.474	53.31	52.54	87.468	50.286	95.457	52.591
0.125	94.474	53.313	52.537	87.468	50.286	95.457	52.591
0.1333	94.474	53.319	52.537	87.468	50.286	95.457	52.591
0.1416	94.474	53.313	52.537	87.468	50.286	95.457	52.591
0.15	94.474	53.31	52.537	87.468	50.292	95.457	52.591

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0.1583	94.474	53.307	52.537	87.468	50.286	95.457	52.591
0.1666	94.474	53.316	52.537	87.468	50.286	95.457	52.591
0.175	94.477	53.297	52.537	87.468	50.292	95.46	52.591
0.1833	94.474	53.291	52.537	87.468	50.286	95.457	52.591
0.1916	94.477	53.294	52.537	87.472	50.286	95.46	52.591
0.2	94.474	53.288	52.537	87.468	50.286	95.457	52.591
0.2083	94.474	53.285	52.537	87.472	50.286	95.46	52.591
0.2166	94.477	53.278	52.537	87.468	50.286	95.46	52.591
0.225	94.477	53.278	52.537	87.468	50.292	95.46	52.591
0.2333	94.477	53.263	52.54	87.468	50.286	95.46	52.591
0.2416	94.474	53.269	52.537	87.472	50.286	95.46	52.591
0.25	94.477	53.266	52.537	87.468	50.286	95.46	52.591
0.2583	94.477	53.263	52.537	87.468	50.286	95.46	52.591
0.2666	94.474	53.25	52.537	87.468	50.286	95.46	52.591
0.275	94.477	53.256	52.537	87.472	50.292	95.46	52.591
0.2833	94.474	53.25	52.54	87.472	50.286	95.46	52.591
0.2916	94.474	53.25	52.537	87.472	50.286	95.46	52.591
0.3	94.474	53.256	52.537	87.472	50.286	95.46	52.591
0.3083	94.474	53.247	52.537	87.472	50.286	95.46	52.598
0.3166	94.474	53.253	52.537	87.472	50.286	95.46	52.591
0.325	94.474	53.247	52.537	87.472	50.286	95.46	52.591
0.3333	94.474	53.247	52.54	87.472	50.286	95.46	52.591
0.35	94.474	53.24	52.537	87.472	50.286	95.46	52.591
0.3666	94.474	53.24	52.537	87.468	50.286	95.46	52.598
0.3833	94.474	53.244	52.537	87.472	50.286	95.46	52.598
0.4	94.474	53.244	52.537	87.468	50.286	95.46	52.591
0.4166	94.474	53.247	52.537	87.472	50.286	95.46	52.591
0.4333	94.477	53.247	52.537	87.472	50.292	95.46	52.598
0.45	94.477	53.253	52.537	87.472	50.286	95.46	52.591
0.4666	94.474	53.253	52.537	87.472	50.286	95.46	52.598
0.4833	94.477	53.259	52.54	87.468	50.286	95.46	52.598
0.5	94.477	53.269	52.54	87.472	50.286	95.46	52.591
0.5166	94.477	53.266	52.537	87.472	50.286	95.46	52.591
0.5333	94.477	53.272	52.537	87.468	50.286	95.46	52.598
0.55	94.477	53.275	52.537	87.468	50.286	95.46	52.598
0.5666	94.477	53.278	52.537	87.472	50.286	95.46	52.591
0.5833	94.477	53.282	52.537	87.472	50.286	95.46	52.591
0.6	94.477	53.294	52.537	87.468	50.286	95.46	52.598
0.6166	94.477	53.288	52.537	87.472	50.286	95.463	52.598
0.6333	94.477	53.266	52.537	87.472	50.286	95.463	52.598
0.65	94.474	53.263	52.54	87.468	50.286	95.463	52.598
0.6666	94.477	53.253	52.537	87.468	50.286	95.463	52.598
0.6833	94.477	53.247	52.537	87.472	50.286	95.46	52.598
0.7	94.477	53.24	52.54	87.468	50.286	95.46	52.591
0.7166	94.474	53.234	52.537	87.472	50.286	95.463	52.598
0.7333	94.477	53.266	52.537	87.472	50.286	95.463	52.598
0.75	94.477	53.247	52.537	87.472	50.286	95.463	52.598
0.7666	94.477	53.24	52.537	87.472	50.286	95.463	52.598
0.7833	94.477	53.256	52.537	87.472	50.286	95.463	52.598
0.8	94.477	53.272	52.537	87.472	50.286	95.46	52.598
0.8166	94.477	53.275	52.54	87.472	50.286	95.463	52.598
0.8333	94.477	53.269	52.537	87.472	50.286	95.463	52.598
0.85	94.477	53.259	52.54	87.472	50.286	95.463	52.598
0.8666	94.477	53.266	52.54	87.472	50.286	95.463	52.598
0.8833	94.477	53.285	52.54	87.472	50.286	95.46	52.598
0.9	94.477	53.285	52.537	87.472	50.286	95.463	52.598
0.9166	94.477	53.291	52.537	87.472	50.286	95.463	52.598
0.9333	94.477	53.282	52.54	87.472	50.286	95.463	52.598
0.95	94.477	53.282	52.54	87.472	50.286	95.46	52.598
0.9666	94.477	53.278	52.537	87.472	50.286	95.463	52.598
0.9833	94.477	53.266	52.54	87.472	50.286	95.463	52.598
1	94.477	53.266	52.537	87.472	50.286	95.46	52.598
1.2	94.477	53.304	52.54	87.472	50.286	95.463	52.604
1.4	94.477	53.335	52.54	87.472	50.286	95.46	52.604
1.6	94.477	53.338	52.537	87.472	50.286	95.46	52.604
1.8	94.477	53.399	52.54	87.475	50.286	95.454	52.598
2	94.477	53.503	52.537	87.475	50.286	95.457	52.598

APPENDIX U
Step-Rate Pumping Test Raw Groundwater Elevation Data
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

2.2	94.477	53.481	52.54	87.475	50.286	95.457	52.598
2.4	94.477	53.421	52.54	87.475	50.286	95.457	52.598
2.6	94.477	53.354	52.537	87.472	50.286	95.46	52.604
2.8	94.477	53.326	52.537	87.472	50.286	95.46	52.598
3	94.477	53.357	52.537	87.472	50.286	95.46	52.598
3.2	94.477	53.338	52.537	87.472	50.286	95.46	52.604
3.4	94.477	53.272	52.537	87.472	50.286	95.46	52.598
3.6	94.481	53.294	52.54	87.472	50.286	95.463	52.598
3.8	94.481	53.316	52.54	87.472	50.286	95.463	52.604
4	94.481	53.193	52.54	87.475	50.286	95.466	52.604
4.2	94.481	52.908	52.54	87.475	50.286	95.457	52.598
4.4	94.481	53.338	52.54	87.475	50.286	95.457	52.598
4.6	94.477	53.405	52.537	87.472	50.286	95.457	52.598
4.8	94.481	53.351	52.537	87.472	50.286	95.46	52.598
5	94.481	53.253	52.537	87.475	50.286	95.463	52.598
5.2	94.481	53.234	52.54	87.475	50.286	95.463	52.598
5.4	94.481	53.297	52.537	87.472	50.286	95.463	52.598
5.6	94.481	53.329	52.537	87.472	50.286	95.463	52.598
5.8	94.481	53.332	52.537	87.475	50.286	95.463	52.598
6	94.481	53.338	52.537	87.475	50.286	95.463	52.598
6.2	94.481	53.326	52.537	87.475	50.286	95.463	52.598
6.4	94.481	53.285	52.537	87.475	50.286	95.463	52.598
6.6	94.481	53.307	52.537	87.475	50.286	95.463	52.598
6.8	94.481	53.313	52.537	87.475	50.286	95.463	52.598
7	94.481	53.316	52.537	87.475	50.286	95.463	52.598
7.2	94.481	53.319	52.537	87.475	50.286	95.463	52.598
7.4	94.481	53.326	52.537	87.475	50.286	95.463	52.598
7.6	94.481	53.329	52.537	87.475	50.286	95.463	52.598
7.8	94.481	53.313	52.534	87.475	50.286	95.463	52.598
8	94.484	53.319	52.534	87.475	50.286	95.463	52.598
8.2	94.481	53.326	52.537	87.475	50.286	95.463	52.598
8.4	94.481	53.332	52.537	87.475	50.286	95.463	52.598
8.6	94.484	53.304	52.537	87.475	50.286	95.463	52.598
8.8	94.484	53.253	52.534	87.475	50.286	95.463	52.598
9	94.481	53.259	52.537	87.475	50.279	95.463	52.598
9.2	94.481	53.218	52.534	87.475	50.286	95.463	52.598
9.4	94.481	53.212	52.537	87.475	50.279	95.463	52.598
9.6	94.481	53.206	52.537	87.475	50.286	95.463	52.598
9.8	94.484	53.221	52.534	87.475	50.279	95.463	52.598
10	94.484	53.218	52.534	87.475	50.286	95.463	52.598
12	94.484	53.193	52.537	87.475	50.279	95.466	52.598
14	94.484	53.18	52.534	87.475	50.286	95.466	52.598
16	94.484	53.161	52.537	87.475	50.279	95.466	52.591
18	94.487	53.152	52.534	87.475	50.279	95.466	52.591
20	94.484	53.152	52.528	87.475	50.279	95.466	52.591
22	94.487	53.145	52.531	87.475	50.279	95.466	52.585
24	94.487	53.12	52.525	87.475	50.279	95.463	52.585
26	94.487	53.12	52.521	87.475	50.279	95.466	52.579
28	94.487	53.107	52.521	87.478	50.279	95.466	52.579
30	94.487	53.101	52.518	87.478	50.273	95.466	52.572
32	94.484	53.073	52.518	87.478	50.279	95.466	52.579
34	94.487	53.025	52.515	87.478	50.279	95.466	52.572
36	94.487	53.003	52.518	87.475	50.267	95.466	52.572
38	94.487	52.971	52.512	87.475	50.267	95.466	52.566
40	94.487	52.968	52.509	87.478	50.273	95.466	52.566
42	94.487	52.949	52.512	87.478	50.273	95.469	52.566
44	94.487	52.927	52.512	87.478	50.267	95.463	52.566
46	94.49	52.911	52.506	87.481	50.273	95.463	52.56
48	94.487	52.902	52.5	87.478	50.267	95.463	52.553
50	94.487	52.88	52.503	87.478	50.273	95.466	52.56
52	94.487	52.851	52.503	87.478	50.267	95.466	52.553
54	94.487	52.921	52.496	87.478	50.26	95.463	52.547
56	94.487	52.956	52.496	87.481	50.267	95.466	52.547
58	94.487	52.93	52.496	87.481	50.267	95.466	52.547
60	94.487	52.949	52.496	87.481	50.267	95.469	52.547

Test 4, Step 2 MW-28D Pump test (1.9 gpm)

APPENDIX U
Step-Rate Pumping Test Raw Groundwater Elevation Data
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

Start: 12/8/99 16:10 Stop: 12/8/99 17:18

Elapsed Time	MW28	MW28D	MW29D	MW30	MW30D	MW34	MW34D
0	94.487	52.965	52.493	87.481	50.273	95.469	52.547
0.0083	94.487	52.959	52.493	87.481	50.273	95.469	52.541
0.0166	94.487	52.952	52.493	87.481	50.273	95.469	52.541
0.025	94.487	52.952	52.493	87.481	50.273	95.469	52.541
0.0333	94.487	52.943	52.493	87.481	50.267	95.469	52.541
0.0416	94.487	52.933	52.493	87.481	50.273	95.469	52.541
0.05	94.487	52.924	52.493	87.481	50.273	95.469	52.541
0.0583	94.487	52.927	52.493	87.481	50.273	95.469	52.541
0.0666	94.487	52.927	52.493	87.481	50.273	95.469	52.541
0.075	94.487	52.952	52.493	87.481	50.273	95.469	52.541
0.0833	94.484	52.911	52.493	87.481	50.273	95.469	52.541
0.0916	94.487	52.914	52.493	87.481	50.273	95.469	52.541
0.1	94.484	52.918	52.493	87.481	50.273	95.469	52.541
0.1083	94.484	52.918	52.493	87.481	50.273	95.466	52.541
0.1166	94.484	52.927	52.493	87.481	50.273	95.469	52.541
0.125	94.484	52.921	52.493	87.481	50.267	95.469	52.541
0.1333	94.484	52.921	52.493	87.481	50.273	95.469	52.541
0.1416	94.484	52.914	52.493	87.481	50.273	95.469	52.541
0.15	94.484	52.921	52.493	87.481	50.267	95.469	52.541
0.1583	94.484	52.911	52.493	87.481	50.273	95.469	52.541
0.1666	94.484	52.908	52.493	87.481	50.273	95.469	52.541
0.175	94.484	52.918	52.493	87.481	50.273	95.469	52.541
0.1833	94.484	52.924	52.493	87.481	50.273	95.469	52.541
0.1916	94.484	52.918	52.493	87.478	50.273	95.469	52.541
0.2	94.484	52.914	52.493	87.481	50.273	95.469	52.541
0.2083	94.484	52.914	52.493	87.481	50.273	95.469	52.541
0.2166	94.484	52.921	52.493	87.478	50.267	95.469	52.541
0.225	94.484	52.902	52.493	87.481	50.273	95.469	52.541
0.2333	94.484	52.895	52.493	87.481	50.273	95.469	52.541
0.2416	94.484	52.911	52.493	87.481	50.273	95.469	52.541
0.25	94.484	52.908	52.493	87.481	50.273	95.469	52.541
0.2583	94.484	52.908	52.493	87.481	50.267	95.469	52.541
0.2666	94.484	52.908	52.493	87.481	50.273	95.469	52.541
0.275	94.484	52.905	52.493	87.481	50.273	95.469	52.541
0.2833	94.484	52.902	52.493	87.481	50.273	95.469	52.541
0.2916	94.484	52.902	52.493	87.481	50.273	95.469	52.541
0.3	94.484	52.902	52.493	87.481	50.273	95.469	52.541
0.3083	94.487	52.905	52.493	87.481	50.273	95.469	52.541
0.3166	94.484	52.895	52.493	87.481	50.267	95.469	52.541
0.325	94.484	52.899	52.493	87.481	50.273	95.469	52.541
0.3333	94.484	52.918	52.493	87.481	50.267	95.469	52.541
0.35	94.484	52.892	52.493	87.481	50.273	95.469	52.541
0.3666	94.484	52.895	52.493	87.481	50.273	95.469	52.541
0.3833	94.484	52.892	52.493	87.481	50.267	95.469	52.541
0.4	94.484	52.902	52.493	87.481	50.273	95.469	52.541
0.4166	94.484	52.895	52.493	87.481	50.267	95.469	52.541
0.4333	94.484	52.88	52.496	87.478	50.267	95.469	52.541
0.45	94.484	52.892	52.493	87.481	50.267	95.469	52.541
0.4666	94.484	52.889	52.493	87.481	50.267	95.469	52.541
0.4833	94.487	52.902	52.493	87.481	50.267	95.469	52.541
0.5	94.487	52.899	52.493	87.481	50.267	95.469	52.541
0.5166	94.484	52.883	52.493	87.478	50.267	95.469	52.541
0.5333	94.484	52.883	52.493	87.481	50.267	95.469	52.541
0.55	94.484	52.899	52.493	87.481	50.267	95.469	52.541
0.5666	94.484	52.886	52.493	87.481	50.273	95.469	52.541
0.5833	94.487	52.88	52.493	87.481	50.267	95.469	52.541
0.6	94.487	52.886	52.496	87.481	50.267	95.469	52.541
0.6166	94.484	52.88	52.493	87.481	50.267	95.469	52.541
0.6333	94.487	52.883	52.493	87.481	50.267	95.469	52.541
0.65	94.484	52.883	52.493	87.481	50.267	95.469	52.541
0.6666	94.487	52.88	52.493	87.481	50.267	95.466	52.541
0.6833	94.487	52.886	52.493	87.481	50.267	95.469	52.541
0.7	94.487	52.895	52.493	87.481	50.267	95.466	52.541
0.7166	94.484	52.873	52.493	87.481	50.267	95.469	52.541
0.7333	94.487	52.877	52.493	87.481	50.267	95.466	52.541

APPENDIX U
Step-Rate Pumping Test Raw Groundwater Elevation Data
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

0.75	94.487	52.895	52.493	87.481	50.267	95.466	52.541
0.7666	94.487	52.873	52.493	87.481	50.267	95.466	52.541
0.7833	94.487	52.88	52.493	87.481	50.267	95.466	52.541
0.8	94.484	52.877	52.493	87.481	50.267	95.466	52.541
0.8166	94.487	52.88	52.493	87.481	50.267	95.466	52.541
0.8333	94.484	52.87	52.493	87.481	50.267	95.466	52.541
0.85	94.484	52.873	52.493	87.481	50.267	95.469	52.541
0.8666	94.487	52.873	52.493	87.481	50.267	95.466	52.541
0.8833	94.487	52.867	52.49	87.481	50.267	95.466	52.541
0.9	94.487	52.883	52.493	87.481	50.267	95.469	52.541
0.9166	94.487	52.87	52.493	87.481	50.267	95.466	52.541
0.9333	94.487	52.877	52.493	87.481	50.267	95.466	52.541
0.95	94.487	52.88	52.493	87.481	50.267	95.466	52.541
0.9666	94.487	52.88	52.493	87.481	50.267	95.466	52.541
0.9833	94.487	52.873	52.493	87.481	50.267	95.466	52.541
1	94.487	52.864	52.493	87.481	50.267	95.466	52.541
1.2	94.487	52.861	52.49	87.481	50.267	95.466	52.541
1.4	94.487	52.861	52.49	87.481	50.267	95.466	52.541
1.6	94.487	52.845	52.487	87.481	50.267	95.466	52.541
1.8	94.487	52.854	52.49	87.481	50.267	95.469	52.541
2	94.487	52.848	52.49	87.481	50.267	95.469	52.541
2.2	94.487	52.839	52.493	87.481	50.267	95.466	52.541
2.4	94.487	52.832	52.493	87.481	50.267	95.469	52.541
2.6	94.487	52.839	52.49	87.481	50.267	95.469	52.541
2.8	94.487	52.829	52.49	87.481	50.267	95.466	52.541
3	94.487	52.835	52.49	87.481	50.267	95.469	52.541
3.2	94.487	52.823	52.487	87.481	50.26	95.466	52.541
3.4	94.487	52.823	52.487	87.481	50.26	95.466	52.541
3.6	94.487	52.823	52.487	87.481	50.26	95.466	52.541
3.8	94.487	52.816	52.484	87.481	50.254	95.469	52.535
4	94.487	52.81	52.484	87.481	50.254	95.466	52.541
4.2	94.487	52.81	52.484	87.481	50.26	95.466	52.535
4.4	94.487	52.81	52.481	87.481	50.26	95.463	52.535
4.6	94.487	52.804	52.478	87.481	50.26	95.463	52.535
4.8	94.487	52.791	52.478	87.481	50.26	95.466	52.535
5	94.487	52.801	52.478	87.481	50.26	95.466	52.535
5.2	94.487	52.797	52.478	87.481	50.267	95.466	52.535
5.4	94.487	52.794	52.478	87.481	50.267	95.466	52.535
5.6	94.487	52.794	52.478	87.481	50.267	95.466	52.535
5.8	94.487	52.788	52.478	87.481	50.267	95.466	52.535
6	94.487	52.791	52.478	87.481	50.267	95.466	52.535
6.2	94.487	52.785	52.478	87.481	50.267	95.466	52.535
6.4	94.487	52.794	52.481	87.481	50.267	95.466	52.535
6.6	94.487	52.794	52.481	87.481	50.267	95.469	52.535
6.8	94.487	52.778	52.484	87.481	50.267	95.469	52.535
7	94.487	52.782	52.481	87.481	50.267	95.469	52.535
7.2	94.487	52.782	52.481	87.481	50.267	95.469	52.535
7.4	94.487	52.778	52.481	87.481	50.267	95.466	52.535
7.6	94.487	52.775	52.481	87.481	50.267	95.469	52.535
7.8	94.49	52.788	52.484	87.481	50.267	95.469	52.535
8	94.487	52.775	52.484	87.481	50.267	95.469	52.535
8.2	94.487	52.772	52.484	87.481	50.26	95.469	52.535
8.4	94.487	52.766	52.484	87.481	50.267	95.469	52.535
8.6	94.487	52.769	52.484	87.481	50.267	95.469	52.535
8.8	94.487	52.766	52.487	87.481	50.267	95.469	52.535
9	94.487	52.778	52.487	87.481	50.267	95.469	52.535
9.2	94.487	52.763	52.487	87.481	50.267	95.469	52.535
9.4	94.487	52.763	52.487	87.484	50.267	95.469	52.535
9.6	94.487	52.763	52.487	87.481	50.267	95.469	52.535
9.8	94.49	52.75	52.487	87.481	50.267	95.469	52.535
10	94.487	52.753	52.481	87.481	50.26	95.469	52.535
12	94.487	52.731	52.481	87.481	50.26	95.469	52.528
14	94.487	52.725	52.484	87.481	50.26	95.473	52.528
16	94.49	52.702	52.481	87.481	50.26	95.469	52.522
18	94.49	52.684	52.471	87.481	50.26	95.469	52.522
20	94.487	52.674	52.471	87.481	50.254	95.466	52.516
22	94.487	52.655	52.471	87.481	50.26	95.469	52.516

APPENDIX U
Step-Rate Pumping Test Raw Groundwater Elevation Data
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

24	94.487	52.665	52.475	87.484	50.254	95.473	52.516
26	94.487	52.652	52.468	87.481	50.254	95.473	52.516
28	94.487	52.614	52.468	87.484	50.254	95.469	52.509
30	94.487	52.617	52.468	87.481	50.248	95.473	52.509
32	94.487	52.608	52.465	87.481	50.248	95.469	52.503
34	94.487	52.604	52.462	87.484	50.26	95.469	52.503
36	94.487	52.573	52.462	87.484	50.26	95.469	52.497
38	94.487	52.551	52.462	87.484	50.248	95.473	52.497
40	94.487	52.62	52.456	87.484	50.248	95.469	52.49
42	94.487	52.699	52.456	87.484	50.254	95.473	52.497
44	94.487	52.74	52.453	87.484	50.254	95.473	52.49
46	94.487	52.804	52.45	87.484	50.248	95.473	52.49
48	94.484	52.81	52.45	87.484	50.248	95.479	52.484
50	94.487	52.804	52.446	87.484	50.248	95.476	52.484
52	94.484	52.63	52.443	87.484	50.241	95.476	52.484
54	94.484	52.57	52.44	87.484	50.241	95.476	52.478
56	94.484	52.551	52.434	87.484	50.241	95.476	52.478
58	94.484	52.519	52.434	87.484	50.241	95.473	52.472
60	94.484	52.509	52.434	87.484	50.241	95.473	52.465
62	94.484	52.49	52.428	87.484	50.241	95.469	52.459
64	94.484	52.459	52.428	87.484	50.241	95.473	52.453
66	94.484	52.449	52.428	87.484	50.235	95.473	52.459
68	94.484	52.44	52.415	87.487	50.235	95.469	52.446

Test 4, Step 3 MW-28D Pump test (3.4 gpm)

Start: 12/8/99 17:18 Stop: 12/8/99 17:30

Elapsed Time	MW28	MW28D	MW29D	MW30	MW30D	MW34	MW34D
0	94.484	52.44	52.415	87.487	50.235	95.466	52.446
0.0083	94.481	52.415	52.415	87.487	50.235	95.466	52.44
0.0166	94.484	52.44	52.415	87.484	50.235	95.469	52.44
0.025	94.484	52.44	52.415	87.484	50.235	95.469	52.434
0.0333	94.481	52.443	52.415	87.484	50.235	95.469	52.434
0.0416	94.481	52.437	52.415	87.484	50.235	95.466	52.44
0.05	94.484	52.427	52.415	87.484	50.235	95.469	52.434
0.0583	94.481	52.405	52.415	87.484	50.235	95.466	52.434
0.0666	94.481	52.427	52.415	87.484	50.235	95.469	52.434
0.075	94.481	52.421	52.415	87.484	50.235	95.469	52.434
0.0833	94.481	52.389	52.415	87.484	50.235	95.469	52.434
0.0916	94.481	52.402	52.415	87.484	50.235	95.469	52.434
0.1	94.481	52.411	52.415	87.487	50.235	95.469	52.434
0.1083	94.481	52.389	52.415	87.484	50.235	95.469	52.434
0.1166	94.484	52.399	52.415	87.484	50.241	95.469	52.434
0.125	94.481	52.342	52.415	87.484	50.235	95.463	52.434
0.1333	94.481	52.354	52.415	87.484	50.235	95.463	52.427
0.1416	94.481	52.402	52.415	87.484	50.235	95.463	52.434
0.15	94.481	52.437	52.412	87.484	50.235	95.463	52.434
0.1583	94.481	52.468	52.415	87.484	50.235	95.463	52.434
0.1666	94.481	52.497	52.412	87.484	50.241	95.463	52.434
0.175	94.481	52.528	52.415	87.484	50.235	95.463	52.434
0.1833	94.481	52.547	52.412	87.484	50.235	95.463	52.434
0.1916	94.481	52.566	52.412	87.484	50.241	95.463	52.434
0.2	94.481	52.592	52.415	87.484	50.241	95.463	52.434
0.2083	94.481	52.604	52.412	87.484	50.235	95.463	52.434
0.2166	94.481	52.614	52.412	87.484	50.235	95.463	52.434
0.225	94.481	52.623	52.412	87.484	50.235	95.466	52.434
0.2333	94.481	52.63	52.412	87.484	50.235	95.466	52.434
0.2416	94.481	52.633	52.412	87.484	50.235	95.466	52.434
0.25	94.481	52.63	52.412	87.484	50.235	95.466	52.434
0.2583	94.481	52.636	52.412	87.484	50.235	95.466	52.434
0.2666	94.481	52.639	52.412	87.484	50.235	95.466	52.434
0.275	94.481	52.639	52.412	87.484	50.235	95.466	52.434
0.2833	94.481	52.63	52.412	87.484	50.235	95.466	52.434
0.2916	94.481	52.62	52.409	87.484	50.235	95.466	52.434
0.3	94.481	52.62	52.412	87.484	50.235	95.466	52.434
0.3083	94.481	52.608	52.412	87.484	50.235	95.469	52.434
0.3166	94.481	52.595	52.412	87.484	50.241	95.469	52.434
0.325	94.481	52.592	52.412	87.484	50.235	95.466	52.434

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0.3333	94.481	52.557	52.412	87.484	50.235	95.469	52.434
0.35	94.481	52.557	52.412	87.484	50.241	95.466	52.434
0.3666	94.481	52.544	52.412	87.487	50.241	95.469	52.434
0.3833	94.481	52.528	52.409	87.487	50.235	95.469	52.434
0.4	94.481	52.516	52.409	87.484	50.235	95.469	52.44
0.4166	94.481	52.494	52.409	87.484	50.235	95.469	52.44
0.4333	94.481	52.494	52.409	87.484	50.241	95.469	52.44
0.45	94.481	52.49	52.409	87.487	50.235	95.469	52.434
0.4666	94.481	52.475	52.409	87.484	50.235	95.469	52.44
0.4833	94.481	52.462	52.409	87.487	50.235	95.469	52.44
0.5	94.481	52.462	52.409	87.487	50.235	95.469	52.44
0.5166	94.481	52.449	52.409	87.487	50.235	95.469	52.434
0.5333	94.481	52.443	52.409	87.487	50.235	95.469	52.44
0.55	94.481	52.437	52.409	87.484	50.235	95.469	52.44
0.5666	94.481	52.43	52.409	87.487	50.235	95.469	52.44
0.5833	94.481	52.434	52.409	87.487	50.235	95.469	52.434
0.6	94.481	52.424	52.409	87.487	50.235	95.469	52.44
0.6166	94.481	52.418	52.409	87.484	50.241	95.469	52.44
0.6333	94.481	52.411	52.409	87.487	50.235	95.469	52.44
0.65	94.481	52.405	52.409	87.487	50.241	95.469	52.434
0.6666	94.481	52.408	52.409	87.487	50.241	95.469	52.434
0.6833	94.481	52.399	52.409	87.487	50.235	95.469	52.44
0.7	94.481	52.389	52.409	87.484	50.235	95.469	52.44
0.7166	94.481	52.392	52.409	87.487	50.235	95.469	52.44
0.7333	94.481	52.396	52.409	87.487	50.235	95.469	52.44
0.75	94.481	52.386	52.409	87.487	50.235	95.469	52.44
0.7666	94.481	52.386	52.409	87.487	50.241	95.469	52.434
0.7833	94.481	52.383	52.409	87.487	50.235	95.469	52.434
0.8	94.481	52.377	52.409	87.484	50.241	95.469	52.44
0.8166	94.481	52.367	52.409	87.484	50.235	95.469	52.434
0.8333	94.484	52.364	52.409	87.487	50.235	95.469	52.44
0.85	94.481	52.358	52.412	87.484	50.235	95.469	52.44
0.8666	94.481	52.364	52.409	87.484	50.241	95.469	52.434
0.8833	94.481	52.377	52.412	87.487	50.241	95.469	52.434
0.9	94.481	52.351	52.409	87.484	50.235	95.469	52.434
0.9166	94.481	52.351	52.412	87.487	50.235	95.469	52.434
0.9333	94.484	52.342	52.409	87.487	50.241	95.469	52.434
0.95	94.481	52.342	52.409	87.484	50.235	95.469	52.434
0.9666	94.481	52.345	52.409	87.484	50.235	95.469	52.44
0.9833	94.481	52.339	52.409	87.487	50.235	95.469	52.44
1	94.481	52.354	52.409	87.484	50.235	95.469	52.44
1.2	94.481	52.323	52.412	87.487	50.235	95.473	52.446
1.4	94.481	52.304	52.415	87.487	50.235	95.469	52.446
1.6	94.481	52.301	52.415	87.487	50.235	95.469	52.446
1.8	94.481	52.275	52.415	87.487	50.235	95.469	52.446
2	94.481	52.269	52.412	87.487	50.235	95.469	52.446
2.2	94.481	52.26	52.412	87.487	50.235	95.469	52.44
2.4	94.481	52.247	52.412	87.484	50.235	95.473	52.446
2.6	94.484	52.237	52.412	87.487	50.235	95.473	52.44
2.8	94.484	52.228	52.412	87.487	50.235	95.473	52.44
3	94.484	52.218	52.412	87.487	50.235	95.473	52.44
3.2	94.481	52.218	52.412	87.487	50.235	95.473	52.44
3.4	94.481	52.209	52.415	87.487	50.235	95.473	52.44
3.6	94.481	52.209	52.412	87.487	50.235	95.473	52.44
3.8	94.484	52.206	52.415	87.487	50.235	95.473	52.44
4	94.484	52.19	52.415	87.487	50.235	95.473	52.44
4.2	94.484	52.193	52.412	87.487	50.235	95.473	52.44
4.4	94.484	52.187	52.412	87.484	50.235	95.473	52.44
4.6	94.484	52.184	52.415	87.487	50.235	95.473	52.44
4.8	94.481	52.174	52.415	87.487	50.235	95.473	52.44
5	94.481	52.171	52.415	87.487	50.235	95.473	52.44
5.2	94.481	52.174	52.415	87.487	50.235	95.476	52.44
5.4	94.481	52.161	52.415	87.487	50.235	95.476	52.44
5.6	94.481	52.161	52.415	87.487	50.235	95.476	52.44
5.8	94.481	52.152	52.412	87.487	50.235	95.476	52.44
6	94.484	52.149	52.412	87.487	50.235	95.473	52.44
6.2	94.484	52.146	52.412	87.487	50.235	95.473	52.44

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6.4	94.481	52.146	52.412	87.487	50.235	95.476	52.44
6.6	94.481	52.139	52.409	87.484	50.235	95.476	52.44
6.8	94.484	52.133	52.409	87.487	50.235	95.473	52.44
7	94.484	52.13	52.412	87.487	50.235	95.473	52.44
7.2	94.481	52.123	52.412	87.487	50.235	95.473	52.434
7.4	94.484	52.12	52.409	87.487	50.235	95.473	52.44
7.6	94.484	52.117	52.409	87.487	50.235	95.476	52.44
7.8	94.484	52.114	52.409	87.487	50.235	95.473	52.44
8	94.484	52.108	52.409	87.487	50.235	95.473	52.44
8.2	94.484	52.101	52.409	87.487	50.235	95.473	52.434
8.4	94.484	52.098	52.406	87.487	50.229	95.473	52.434
8.6	94.484	52.095	52.406	87.487	50.235	95.473	52.434
8.8	94.481	52.098	52.403	87.487	50.229	95.473	52.434
9	94.484	52.095	52.406	87.487	50.235	95.473	52.434
9.2	94.481	52.092	52.406	87.487	50.235	95.473	52.434
9.4	94.481	52.079	52.406	87.487	50.235	95.476	52.434
9.6	94.481	52.085	52.406	87.487	50.229	95.476	52.434
9.8	94.481	52.079	52.409	87.487	50.229	95.473	52.434
10	94.481	52.07	52.406	87.487	50.229	95.473	52.434
12	94.484	52.029	52.409	87.487	50.229	95.476	52.427

Test 5, Step 0 MW-28D Overnight recovery

Start: 12/8/99 17:33 Stop: 12/9/99 7:13

Elapsed Time	MW28	MW28D	MW29D	MW30	MW30D	MW34	MW34D
0	94.484	46.647	52.403	87.487	50.235	95.476	52.434
0.0083	94.484	46.657	52.403	87.487	50.229	95.476	52.427
0.0166	94.481	46.654	52.403	87.487	50.235	95.476	52.427
0.025	94.481	46.663	52.403	87.484	50.229	95.476	52.421
0.0333	94.481	46.676	52.403	87.484	50.229	95.473	52.421
0.0416	94.481	46.698	52.403	87.487	50.229	95.473	52.421
0.05	94.481	46.707	52.403	87.484	50.229	95.469	52.421
0.0583	94.481	46.733	52.403	87.484	50.229	95.469	52.421
0.0666	94.481	46.78	52.403	87.484	50.229	95.469	52.421
0.075	94.481	46.818	52.403	87.484	50.235	95.469	52.421
0.0833	94.481	46.825	52.403	87.484	50.229	95.469	52.421
0.0916	94.481	46.85	52.403	87.484	50.235	95.469	52.421
0.1	94.481	46.878	52.403	87.484	50.229	95.473	52.421
0.1083	94.481	46.894	52.403	87.484	50.235	95.469	52.421
0.1166	94.481	46.904	52.403	87.484	50.229	95.469	52.421
0.125	94.481	46.929	52.403	87.487	50.235	95.469	52.421
0.1333	94.481	46.951	52.403	87.484	50.229	95.469	52.421
0.1416	94.481	46.954	52.406	87.484	50.229	95.469	52.421
0.15	94.481	46.97	52.403	87.484	50.229	95.469	52.421
0.1583	94.481	46.989	52.403	87.487	50.229	95.469	52.421
0.1666	94.481	46.999	52.403	87.487	50.229	95.469	52.421
0.175	94.481	47.024	52.406	87.487	50.229	95.469	52.421
0.1833	94.481	47.014	52.403	87.487	50.235	95.469	52.421
0.1916	94.481	47.03	52.403	87.487	50.235	95.469	52.421
0.2	94.481	47.043	52.406	87.487	50.229	95.469	52.421
0.2083	94.481	47.056	52.403	87.487	50.229	95.469	52.421
0.2166	94.481	47.059	52.406	87.487	50.229	95.469	52.415
0.225	94.481	47.075	52.403	87.487	50.229	95.469	52.421
0.2333	94.481	47.081	52.403	87.487	50.229	95.469	52.421
0.2416	94.481	47.087	52.403	87.487	50.235	95.469	52.421
0.25	94.481	47.1	52.403	87.487	50.229	95.469	52.421
0.2583	94.481	47.109	52.403	87.487	50.229	95.469	52.421
0.2666	94.481	47.119	52.403	87.487	50.229	95.469	52.421
0.275	94.481	47.125	52.403	87.487	50.235	95.469	52.421
0.2833	94.481	47.128	52.403	87.487	50.229	95.469	52.421
0.2916	94.481	47.128	52.403	87.487	50.235	95.469	52.421
0.3	94.481	47.138	52.403	87.487	50.229	95.469	52.421
0.3083	94.481	47.147	52.406	87.487	50.229	95.469	52.421
0.3166	94.481	47.154	52.403	87.487	50.235	95.469	52.421
0.325	94.481	47.15	52.403	87.487	50.229	95.469	52.421
0.3333	94.481	47.157	52.403	87.487	50.229	95.469	52.421
0.35	94.481	47.166	52.403	87.487	50.229	95.469	52.421
0.3666	94.481	47.16	52.406	87.487	50.229	95.469	52.421

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0.3833	94.481	47.169	52.403	87.487	50.229	95.469	52.421
0.4	94.481	47.176	52.403	87.487	50.229	95.469	52.421
0.4166	94.481	47.176	52.406	87.487	50.229	95.469	52.421
0.4333	94.481	47.182	52.406	87.487	50.229	95.469	52.421
0.45	94.481	47.185	52.406	87.487	50.229	95.469	52.421
0.4666	94.481	47.185	52.406	87.487	50.229	95.469	52.421
0.4833	94.481	47.182	52.406	87.487	50.229	95.469	52.421
0.5	94.481	47.182	52.406	87.487	50.229	95.469	52.421
0.5166	94.481	47.179	52.403	87.487	50.229	95.469	52.421
0.5333	94.481	47.179	52.406	87.487	50.229	95.469	52.421
0.55	94.481	47.173	52.406	87.487	50.229	95.469	52.415
0.5666	94.481	47.173	52.406	87.487	50.229	95.469	52.415
0.5833	94.484	47.169	52.403	87.487	50.229	95.469	52.415
0.6	94.481	47.166	52.406	87.487	50.229	95.469	52.415
0.6166	94.481	47.163	52.406	87.487	50.229	95.469	52.421
0.6333	94.484	47.157	52.406	87.487	50.229	95.469	52.421
0.65	94.484	47.154	52.406	87.487	50.229	95.469	52.421
0.6666	94.481	47.147	52.406	87.487	50.229	95.469	52.421
0.6833	94.484	47.144	52.406	87.487	50.229	95.469	52.421
0.7	94.481	47.138	52.406	87.487	50.229	95.469	52.421
0.7166	94.481	47.131	52.403	87.487	50.229	95.469	52.421
0.7333	94.484	47.128	52.406	87.487	50.229	95.469	52.421
0.75	94.481	47.125	52.403	87.487	50.229	95.469	52.427
0.7666	94.481	47.119	52.406	87.487	50.229	95.469	52.427
0.7833	94.484	47.116	52.403	87.487	50.229	95.469	52.434
0.8	94.481	47.112	52.406	87.487	50.229	95.469	52.427
0.8166	94.481	47.109	52.403	87.487	50.229	95.469	52.421
0.8333	94.481	47.106	52.403	87.487	50.229	95.469	52.427
0.85	94.481	47.103	52.406	87.487	50.229	95.469	52.427
0.8666	94.481	47.103	52.406	87.487	50.229	95.469	52.421
0.8833	94.481	47.1	52.406	87.487	50.229	95.469	52.421
0.9	94.481	47.097	52.406	87.487	50.229	95.469	52.421
0.9166	94.481	47.09	52.403	87.487	50.229	95.469	52.427
0.9333	94.481	47.087	52.406	87.487	50.229	95.469	52.427
0.95	94.481	47.084	52.406	87.487	50.229	95.473	52.427
0.9666	94.481	47.078	52.406	87.487	50.229	95.469	52.427
0.9833	94.481	47.075	52.406	87.487	50.229	95.469	52.427
1	94.481	47.071	52.406	87.487	50.229	95.469	52.427
1.2	94.484	47.071	52.403	87.487	50.229	95.473	52.434
1.4	94.484	47.071	52.403	87.487	50.229	95.473	52.434
1.6	94.481	47.075	52.403	87.487	50.229	95.473	52.427
1.8	94.484	47.081	52.403	87.487	50.229	95.473	52.427
2	94.481	47.087	52.399	87.487	50.229	95.473	52.427
2.2	94.484	47.094	52.399	87.487	50.229	95.457	52.421
2.4	94.481	47.097	52.399	87.487	50.229	95.469	52.427
2.6	94.481	47.103	52.399	87.487	50.229	95.473	52.421
2.8	94.484	47.109	52.399	87.487	50.229	95.473	52.421
3	94.481	47.116	52.399	87.487	50.229	95.469	52.427
3.2	94.484	47.119	52.399	87.487	50.229	95.469	52.421
3.4	94.481	47.125	52.399	87.487	50.229	95.469	52.421
3.6	94.484	47.128	52.399	87.487	50.229	95.469	52.421
3.8	94.484	47.135	52.399	87.487	50.229	95.469	52.421
4	94.484	47.138	52.399	87.487	50.229	95.469	52.421
4.2	94.481	47.144	52.399	87.491	50.229	95.469	52.421
4.4	94.484	47.147	52.399	87.487	50.229	95.469	52.421
4.6	94.481	47.15	52.399	87.487	50.229	95.469	52.421
4.8	94.481	47.157	52.399	87.487	50.229	95.469	52.421
5	94.481	47.157	52.399	87.487	50.229	95.469	52.421
5.2	94.481	47.16	52.399	87.487	50.229	95.469	52.421
5.4	94.484	47.166	52.396	87.487	50.229	95.469	52.421
5.6	94.481	47.166	52.396	87.487	50.229	95.469	52.421
5.8	94.484	47.173	52.396	87.487	50.229	95.469	52.421
6	94.481	47.176	52.396	87.487	50.229	95.469	52.415
6.2	94.481	47.179	52.396	87.487	50.229	95.469	52.415
6.4	94.484	47.182	52.396	87.487	50.229	95.469	52.415
6.6	94.481	47.185	52.396	87.487	50.229	95.469	52.415
6.8	94.481	47.188	52.393	87.487	50.229	95.469	52.415

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Raritan, New Jersey

7	94.484	47.192	52.396	87.487	50.229	95.469	52.415
7.2	94.481	47.195	52.396	87.487	50.229	95.469	52.415
7.4	94.481	47.198	52.396	87.487	50.229	95.469	52.415
7.6	94.481	47.198	52.396	87.491	50.229	95.469	52.415
7.8	94.484	47.204	52.393	87.487	50.229	95.469	52.415
8	94.481	47.204	52.393	87.487	50.229	95.469	52.415
8.2	94.481	47.207	52.393	87.487	50.229	95.469	52.415
8.4	94.481	47.211	52.393	87.487	50.229	95.469	52.415
8.6	94.481	47.214	52.393	87.487	50.222	95.469	52.415
8.8	94.481	47.214	52.393	87.487	50.222	95.469	52.415
9	94.481	47.217	52.393	87.487	50.229	95.469	52.415
9.2	94.481	47.22	52.393	87.487	50.229	95.469	52.415
9.4	94.481	47.223	52.393	87.487	50.229	95.469	52.415
9.6	94.484	47.223	52.393	87.487	50.229	95.469	52.415
9.8	94.481	47.226	52.393	87.487	50.222	95.469	52.415
10	94.481	47.217	52.393	87.487	50.222	95.469	52.415
12	94.481	47.239	52.393	87.487	50.222	95.469	52.415
14	94.481	47.258	52.387	87.487	50.222	95.469	52.409
16	94.481	47.277	52.39	87.487	50.222	95.469	52.409
18	94.484	47.29	52.387	87.487	50.222	95.469	52.402
20	94.481	47.305	52.384	87.487	50.216	95.469	52.402
22	94.481	47.315	52.381	87.487	50.216	95.469	52.402
24	94.481	47.328	52.378	87.487	50.216	95.469	52.402
26	94.481	47.34	52.374	87.487	50.216	95.469	52.396
28	94.481	47.35	52.374	87.487	50.216	95.469	52.396
30	94.481	47.362	52.368	87.487	50.216	95.469	52.396
32	94.481	47.372	52.368	87.487	50.216	95.466	52.39
34	94.481	47.385	52.371	87.487	50.216	95.469	52.396
36	94.481	47.394	52.368	87.491	50.216	95.469	52.396
38	94.477	47.4	52.365	87.491	50.216	95.469	52.396
40	94.477	47.407	52.365	87.487	50.21	95.469	52.39
42	94.477	47.416	52.362	87.487	50.21	95.469	52.39
44	94.477	47.426	52.359	87.487	50.21	95.469	52.39
46	94.477	47.426	52.352	87.487	50.21	95.469	52.383
48	94.477	47.435	52.352	87.487	50.21	95.469	52.383
50	94.474	47.438	52.349	87.487	50.203	95.466	52.383
52	94.477	47.448	52.346	87.487	50.203	95.466	52.377
54	94.474	47.454	52.346	87.491	50.203	95.466	52.383
56	94.477	47.461	52.346	87.491	50.203	95.469	52.383
58	94.477	47.467	52.343	87.487	50.203	95.469	52.383
60	94.474	47.473	52.343	87.491	50.203	95.469	52.383
62	94.474	47.48	52.34	87.491	50.203	95.469	52.377
64	94.474	47.483	52.337	87.491	50.203	95.466	52.377
66	94.474	47.486	52.334	87.491	50.197	95.466	52.377
68	94.474	47.489	52.331	87.491	50.197	95.466	52.371
70	94.474	47.492	52.331	87.491	50.197	95.469	52.377
72	94.474	47.495	52.327	87.491	50.197	95.469	52.371
74	94.474	47.502	52.327	87.491	50.197	95.469	52.371
76	94.474	47.508	52.324	87.491	50.197	95.469	52.371
78	94.474	47.508	52.324	87.491	50.191	95.469	52.371
80	94.474	47.511	52.321	87.487	50.191	95.469	52.371
82	94.474	47.514	52.318	87.491	50.191	95.469	52.364
84	94.471	47.517	52.315	87.491	50.191	95.469	52.364
86	94.474	47.521	52.312	87.491	50.191	95.469	52.364
88	94.474	47.524	52.309	87.491	50.191	95.466	52.358
90	94.474	47.527	52.309	87.491	50.184	95.466	52.358
92	94.474	47.53	52.306	87.494	50.184	95.469	52.358
94	94.471	47.533	52.302	87.491	50.184	95.469	52.358
96	94.471	47.536	52.299	87.491	50.184	95.466	52.358
98	94.471	47.543	52.299	87.494	50.178	95.469	52.358
100	94.471	47.546	52.296	87.491	50.178	95.466	52.352
120	94.465	47.568	52.28	87.491	50.165	95.466	52.346
140	94.462	47.584	52.259	87.491	50.159	95.469	52.333
160	94.458	47.597	52.24	87.491	50.146	95.469	52.32
180	94.458	47.606	52.224	87.491	50.134	95.466	52.314
200	94.462	47.616	52.209	87.491	50.127	95.469	52.308
220	94.465	47.625	52.199	87.491	50.121	95.469	52.301

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240	94.468	47.635	52.18	87.491	50.108	95.469	52.289
260	94.474	47.631	52.165	87.494	50.102	95.466	52.276
280	94.477	47.631	52.146	87.494	50.089	95.466	52.264
300	94.481	47.635	52.13	87.494	50.083	95.463	52.251
320	94.484	47.635	52.118	87.497	50.07	95.466	52.251
340	94.49	47.635	52.105	87.497	50.058	95.466	52.238
360	94.493	47.631	52.093	87.497	50.051	95.466	52.226
380	94.493	47.635	52.083	87.497	50.045	95.466	52.226
400	94.496	47.635	52.09	87.5	50.039	95.469	52.232
420	94.499	47.635	52.099	87.5	50.032	95.469	52.232
440	94.503	47.635	52.118	87.503	50.026	95.473	52.251
460	94.503	47.638	52.14	87.503	50.026	95.469	52.257
480	94.506	47.641	52.158	87.503	50.02	95.469	52.27
500	94.506	47.641	52.183	87.503	50.026	95.473	52.283
520	94.509	47.644	52.202	87.506	50.032	95.473	52.295
540	94.509	47.647	52.227	87.506	50.032	95.473	52.308
560	94.509	47.657	52.255	87.51	50.039	95.476	52.327
580	94.512	47.663	52.28	87.51	50.045	95.476	52.339
600	94.512	47.666	52.309	87.513	50.058	95.479	52.364
620	94.512	47.673	52.331	87.513	50.064	95.479	52.377
640	94.512	47.676	52.352	87.516	50.064	95.482	52.39
660	94.512	47.676	52.374	87.516	50.07	95.482	52.396
680	94.512	47.688	52.403	87.516	50.077	95.482	52.415
700	94.515	47.695	52.424	87.519	50.089	95.485	52.427
720	94.515	47.704	52.45	87.516	50.096	95.485	52.446
740	94.515	47.704	52.468	87.519	50.108	95.488	52.459
760	94.515	47.707	52.484	87.519	50.108	95.488	52.465
780	94.515	47.714	52.503	87.519	50.115	95.488	52.472
800	94.515	47.726	52.518	87.519	50.127	95.492	52.484
820	94.515	47.72	52.506	87.522	50.127	95.492	52.478

Test 6, Step 0 MW-28D Pump test (4.9 gpm)

Start: 12/9/99 9:08 Stop: 12/9/99 10:20

Elapsed Time	MW28	MW28D	MW29D	MW30	MW30D	MW34	MW34D
0	94.525	47.499	52.409	87.525	50.102	95.479	52.409
0.0083	94.522	47.334	52.409	87.525	50.102	95.479	52.402
0.0166	94.525	47.182	52.409	87.525	50.102	95.479	52.402
0.025	94.522	47.033	52.409	87.525	50.102	95.479	52.402
0.0333	94.522	46.938	52.409	87.525	50.102	95.479	52.402
0.0416	94.522	46.907	52.409	87.525	50.102	95.479	52.402
0.05	94.522	46.84	52.409	87.525	50.102	95.479	52.402
0.0583	94.522	46.764	52.409	87.525	50.102	95.479	52.402
0.0666	94.522	46.603	52.406	87.525	50.102	95.479	52.402
0.075	94.525	46.473	52.406	87.525	50.102	95.479	52.402
0.0833	94.525	46.394	52.409	87.525	50.102	95.479	52.396
0.0916	94.522	46.318	52.409	87.525	50.102	95.479	52.396
0.1	94.522	46.344	52.409	87.525	50.102	95.479	52.396
0.1083	94.522	46.274	52.409	87.525	50.102	95.479	52.396
0.1166	94.522	46.195	52.409	87.525	50.102	95.479	52.396
0.125	94.525	46.119	52.406	87.525	50.102	95.479	52.402
0.1333	94.522	46.008	52.406	87.525	50.102	95.479	52.396
0.1416	94.522	45.986	52.406	87.525	50.102	95.479	52.396
0.15	94.522	46.027	52.409	87.525	50.102	95.479	52.396
0.1583	94.522	45.967	52.406	87.525	50.102	95.479	52.396
0.1666	94.522	45.891	52.406	87.522	50.102	95.479	52.402
0.175	94.522	45.793	52.406	87.525	50.102	95.479	52.396
0.1833	94.522	45.746	52.406	87.525	50.102	95.479	52.396
0.1916	94.525	45.594	52.406	87.525	50.102	95.479	52.396
0.2	94.522	45.749	52.406	87.525	50.102	95.479	52.396
0.2083	94.522	45.771	52.406	87.525	50.102	95.479	52.396
0.2166	94.522	45.673	52.409	87.525	50.102	95.479	52.396
0.225	94.522	45.61	52.406	87.525	50.102	95.479	52.396
0.2333	94.525	45.426	52.406	87.525	50.102	95.479	52.396
0.2416	94.525	45.584	52.406	87.525	50.102	95.479	52.396
0.25	94.522	45.657	52.406	87.522	50.102	95.479	52.396
0.2583	94.522	45.72	52.406	87.525	50.102	95.479	52.396
0.2666	94.522	45.489	52.406	87.525	50.102	95.479	52.396

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0.275	94.525	45.527	52.406	87.525	50.102	95.479	52.396
0.2833	94.522	45.391	52.406	87.525	50.102	95.479	52.396
0.2916	94.522	45.723	52.406	87.522	50.102	95.479	52.396
0.3	94.522	45.578	52.406	87.525	50.102	95.479	52.396
0.3083	94.522	45.527	52.406	87.525	50.102	95.479	52.396
0.3166	94.522	45.505	52.406	87.525	50.102	95.479	52.396
0.325	94.525	45.578	52.406	87.525	50.102	95.479	52.396
0.3333	94.522	45.603	52.406	87.525	50.102	95.479	52.396
0.35	94.522	45.496	52.406	87.525	50.102	95.479	52.396
0.3666	94.522	45.527	52.406	87.525	50.102	95.479	52.396
0.3833	94.522	45.227	52.406	87.525	50.102	95.479	52.396
0.4	94.522	45.325	52.406	87.525	50.102	95.479	52.396
0.4166	94.522	45.366	52.406	87.525	50.102	95.479	52.396
0.4333	94.522	45.144	52.403	87.525	50.102	95.479	52.402
0.45	94.522	45.081	52.406	87.525	50.102	95.479	52.396
0.4666	94.522	44.986	52.406	87.525	50.102	95.479	52.396
0.4833	94.522	45.04	52.403	87.525	50.102	95.479	52.396
0.5	94.522	45.132	52.406	87.525	50.102	95.479	52.396
0.5166	94.522	45.198	52.406	87.525	50.102	95.479	52.396
0.5333	94.522	45.135	52.406	87.525	50.102	95.479	52.396
0.55	94.522	45.189	52.406	87.525	50.102	95.479	52.396
0.5666	94.522	45.179	52.403	87.525	50.102	95.479	52.396
0.5833	94.522	45.217	52.403	87.525	50.102	95.479	52.396
0.6	94.522	45.179	52.403	87.525	50.102	95.479	52.402
0.6166	94.522	44.948	52.403	87.525	50.102	95.479	52.396
0.6333	94.522	45.144	52.403	87.525	50.102	95.479	52.402
0.65	94.522	45.157	52.403	87.525	50.102	95.479	52.396
0.6666	94.525	45.031	52.403	87.525	50.102	95.479	52.396
0.6833	94.522	44.917	52.403	87.525	50.102	95.479	52.396
0.7	94.522	44.951	52.403	87.525	50.102	95.479	52.396
0.7166	94.522	44.907	52.403	87.525	50.102	95.479	52.396
0.7333	94.522	45.094	52.403	87.525	50.102	95.479	52.396
0.75	94.522	44.882	52.403	87.525	50.102	95.479	52.396
0.7666	94.522	45.034	52.403	87.525	50.102	95.479	52.396
0.7833	94.522	45.018	52.403	87.525	50.102	95.479	52.396
0.8	94.522	45.04	52.403	87.525	50.102	95.479	52.396
0.8166	94.522	45.091	52.403	87.525	50.102	95.479	52.396
0.8333	94.522	44.875	52.403	87.525	50.102	95.479	52.396
0.85	94.525	45.129	52.403	87.525	50.102	95.479	52.396
0.8666	94.522	44.847	52.403	87.525	50.102	95.479	52.396
0.8833	94.522	45.072	52.403	87.525	50.102	95.479	52.396
0.9	94.522	45.16	52.403	87.525	50.102	95.479	52.396
0.9166	94.522	45.167	52.403	87.522	50.102	95.479	52.396
0.9333	94.525	45.303	52.403	87.525	50.102	95.479	52.396
0.95	94.522	45.347	52.403	87.525	50.102	95.479	52.396
0.9666	94.522	45.41	52.403	87.525	50.102	95.479	52.396
0.9833	94.522	45.515	52.403	87.525	50.102	95.479	52.396
1	94.525	45.587	52.403	87.522	50.102	95.479	52.396
1.2	94.522	46.287	52.403	87.525	50.102	95.482	52.402
1.4	94.522	46.619	52.403	87.525	50.096	95.479	52.402
1.6	94.522	46.692	52.406	87.525	50.102	95.479	52.402
1.8	94.522	46.787	52.406	87.525	50.102	95.482	52.402
2	94.522	46.85	52.406	87.525	50.102	95.479	52.402
2.2	94.522	46.885	52.406	87.525	50.102	95.479	52.402
2.4	94.522	46.815	52.406	87.525	50.102	95.479	52.402
2.6	94.522	46.73	52.403	87.525	50.102	95.479	52.396
2.8	94.525	46.793	52.403	87.525	50.102	95.479	52.402
3	94.525	46.802	52.406	87.525	50.102	95.482	52.402
3.2	94.528	46.66	52.409	87.525	50.102	95.482	52.402
3.4	94.522	46.723	52.412	87.525	50.108	95.485	52.409
3.6	94.522	46.59	52.415	87.525	50.108	95.485	52.409
3.8	94.525	46.293	52.415	87.525	50.108	95.485	52.409
4	94.525	45.078	52.415	87.525	50.108	95.485	52.409
4.2	94.525	44.433	52.415	87.525	50.108	95.485	52.409
4.4	94.525	44.075	52.415	87.525	50.108	95.488	52.409
4.6	94.525	43.812	52.415	87.525	50.108	95.485	52.409
4.8	94.525	43.828	52.415	87.525	50.102	95.485	52.409

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5	94.525	44.29	52.415	87.525	50.108	95.485	52.402
5.2	94.525	44.752	52.412	87.525	50.102	95.482	52.402
5.4	94.525	44.983	52.409	87.525	50.102	95.482	52.402
5.6	94.525	45.154	52.406	87.525	50.102	95.482	52.396
5.8	94.525	45.831	52.403	87.525	50.102	95.482	52.396
6	94.525	46.157	52.399	87.525	50.096	95.482	52.396
6.2	94.525	46.271	52.403	87.525	50.102	95.482	52.396
6.4	94.525	46.163	52.399	87.525	50.096	95.482	52.396
6.6	94.525	46.236	52.399	87.525	50.102	95.482	52.396
6.8	94.525	46.17	52.403	87.525	50.102	95.482	52.396
7	94.525	46.442	52.403	87.525	50.102	95.485	52.396
7.2	94.525	46.331	52.403	87.525	50.102	95.482	52.396
7.4	94.525	46.35	52.406	87.525	50.102	95.482	52.396
7.6	94.525	46.271	52.403	87.525	50.102	95.482	52.396
7.8	94.525	46.182	52.406	87.525	50.102	95.482	52.39
8	94.525	46.331	52.406	87.525	50.102	95.482	52.39
8.2	94.525	46.331	52.403	87.525	50.102	95.482	52.39
8.4	94.525	46.467	52.403	87.525	50.102	95.482	52.39
8.6	94.525	46.47	52.406	87.525	50.102	95.482	52.39
8.8	94.525	46.397	52.406	87.525	50.102	95.482	52.39
9	94.525	46.429	52.403	87.525	50.102	95.482	52.39
9.2	94.525	46.495	52.403	87.525	50.102	95.482	52.39
9.4	94.522	46.435	52.403	87.525	50.102	95.482	52.39
9.6	94.525	46.306	52.403	87.525	50.102	95.482	52.39
9.8	94.525	46.445	52.403	87.525	50.102	95.482	52.39
10	94.525	46.337	52.403	87.525	50.102	95.482	52.383
12	94.525	46.277	52.403	87.525	50.096	95.485	52.383
14	94.525	46.233	52.403	87.525	50.096	95.485	52.377
16	94.525	46.29	52.399	87.525	50.102	95.482	52.371
18	94.525	46.097	52.39	87.525	50.102	95.482	52.364
20	94.525	46.22	52.39	87.525	50.096	95.482	52.358
22	94.525	46.17	52.393	87.525	50.096	95.485	52.358
24	94.525	46.081	52.393	87.525	50.096	95.485	52.352
26	94.525	46.179	52.406	87.525	50.102	95.492	52.358
28	94.525	46.021	52.39	87.525	50.096	95.485	52.352
30	94.525	45.92	52.384	87.525	50.096	95.482	52.339
32	94.522	46.027	52.378	87.525	50.096	95.482	52.333
34	94.522	45.954	52.378	87.525	50.102	95.485	52.333
36	94.525	45.897	52.381	87.525	50.096	95.485	52.32
38	94.522	45.996	52.378	87.525	50.096	95.482	52.314
40	94.522	45.923	52.378	87.525	50.096	95.485	52.314
42	94.522	45.948	52.374	87.525	50.096	95.485	52.314
44	94.522	45.796	52.378	87.525	50.096	95.488	52.314
46	94.525	45.739	52.378	87.525	50.096	95.492	52.308
48	94.525	45.793	52.378	87.525	50.102	95.492	52.308
50	94.522	45.768	52.371	87.525	50.102	95.492	52.301
52	94.525	45.765	52.368	87.525	50.102	95.488	52.295
54	94.522	45.809	52.368	87.525	50.102	95.488	52.289
56	94.522	45.597	52.362	87.525	50.102	95.488	52.283
58	94.522	45.679	52.362	87.525	50.102	95.492	52.283
60	94.522	45.613	52.356	87.525	50.102	95.488	52.276
62	94.522	45.708	52.356	87.525	50.096	95.488	52.264
64	94.522	45.638	52.378	87.525	50.108	95.498	52.283
66	94.522	45.537	52.343	87.525	50.096	95.488	52.257
68	94.522	45.556	52.343	87.528	50.096	95.488	52.238
70	94.522	45.521	52.34	87.525	50.096	95.488	52.238
72	94.518	45.546	52.34	87.528	50.089	95.492	52.238

Test 6, Step 1 MW-28D Pump test (10 gpm)

Start: 12/9/99 10:20 Stop: 12/9/99 11:20

Elapsed Time	MW28	MW28D	MW29D	MW30	MW30D	MW34	MW34D
0	94.518	45.483	52.334	87.525	50.102	95.488	52.238
0.0083	94.518	45.483	52.331	87.528	50.096	95.488	52.232
0.0166	94.518	45.318	52.334	87.528	50.102	95.488	52.232
0.025	94.518	45.413	52.331	87.528	50.096	95.488	52.226
0.0333	94.518	45.407	52.331	87.525	50.096	95.488	52.226
0.0416	94.518	45.344	52.334	87.525	50.096	95.488	52.226

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0.05	94.518	45.379	52.331	87.528	50.102	95.488	52.226
0.0583	94.518	45.271	52.331	87.528	50.102	95.488	52.226
0.0666	94.518	45.287	52.331	87.528	50.096	95.488	52.226
0.075	94.518	45.388	52.331	87.525	50.096	95.488	52.226
0.0833	94.518	45.217	52.331	87.525	50.096	95.488	52.226
0.0916	94.518	45.315	52.331	87.525	50.102	95.488	52.226
0.1	94.518	45.312	52.331	87.525	50.102	95.488	52.226
0.1083	94.518	45.195	52.331	87.528	50.096	95.488	52.226
0.1166	94.518	45.318	52.331	87.525	50.102	95.488	52.226
0.125	94.518	45.211	52.331	87.528	50.102	95.488	52.226
0.1333	94.518	45.154	52.331	87.528	50.096	95.488	52.226
0.1416	94.518	45.265	52.331	87.525	50.096	95.488	52.226
0.15	94.518	45.167	52.331	87.528	50.096	95.488	52.226
0.1583	94.518	45.236	52.331	87.528	50.096	95.485	52.226
0.1666	94.518	45.201	52.331	87.528	50.096	95.488	52.226
0.175	94.518	45.138	52.331	87.525	50.096	95.485	52.226
0.1833	94.518	45.208	52.331	87.528	50.102	95.488	52.226
0.1916	94.518	45.163	52.331	87.525	50.096	95.488	52.226
0.2	94.518	45.144	52.331	87.528	50.102	95.488	52.226
0.2083	94.518	45.255	52.331	87.525	50.102	95.485	52.226
0.2166	94.518	45.056	52.331	87.528	50.102	95.488	52.226
0.225	94.518	45.106	52.331	87.528	50.102	95.488	52.226
0.2333	94.518	45.119	52.331	87.525	50.096	95.488	52.226
0.2416	94.518	45.005	52.331	87.525	50.096	95.488	52.226
0.25	94.518	45.122	52.331	87.525	50.102	95.488	52.226
0.2583	94.518	45.084	52.331	87.525	50.102	95.488	52.226
0.2666	94.518	45.024	52.331	87.525	50.096	95.488	52.226
0.275	94.518	45.138	52.331	87.528	50.102	95.488	52.226
0.2833	94.518	45.05	52.331	87.525	50.102	95.488	52.226
0.2916	94.518	45.037	52.331	87.528	50.102	95.488	52.226
0.3	94.518	45.167	52.331	87.525	50.102	95.488	52.226
0.3083	94.518	45.008	52.331	87.525	50.102	95.488	52.226
0.3166	94.518	45.065	52.331	87.525	50.102	95.488	52.226
0.325	94.518	45.068	52.331	87.528	50.102	95.488	52.226
0.3333	94.518	44.98	52.331	87.525	50.096	95.488	52.226
0.35	94.518	45.027	52.331	87.525	50.096	95.488	52.226
0.3666	94.518	45.043	52.331	87.525	50.102	95.488	52.226
0.3833	94.518	44.97	52.331	87.525	50.096	95.488	52.226
0.4	94.518	44.904	52.331	87.525	50.096	95.488	52.226
0.4166	94.518	44.986	52.331	87.525	50.096	95.488	52.226
0.4333	94.518	44.951	52.331	87.525	50.096	95.488	52.226
0.45	94.518	44.857	52.331	87.525	50.096	95.488	52.226
0.4666	94.518	44.92	52.331	87.525	50.096	95.488	52.226
0.4833	94.518	44.885	52.331	87.525	50.102	95.488	52.226
0.5	94.518	44.841	52.331	87.525	50.096	95.488	52.226
0.5166	94.518	44.768	52.331	87.525	50.096	95.488	52.226
0.5333	94.518	44.904	52.331	87.525	50.096	95.488	52.226
0.55	94.518	44.743	52.331	87.525	50.096	95.488	52.226
0.5666	94.518	44.746	52.331	87.525	50.096	95.488	52.226
0.5833	94.518	44.701	52.331	87.525	50.096	95.492	52.226
0.6	94.518	44.809	52.331	87.525	50.096	95.488	52.226
0.6166	94.518	44.701	52.331	87.528	50.096	95.492	52.226
0.6333	94.518	44.667	52.331	87.528	50.096	95.488	52.226
0.65	94.518	44.673	52.331	87.528	50.096	95.492	52.226
0.6666	94.518	44.736	52.331	87.528	50.096	95.488	52.226
0.6833	94.518	44.692	52.331	87.528	50.096	95.488	52.226
0.7	94.518	44.597	52.331	87.528	50.096	95.488	52.226
0.7166	94.518	44.673	52.331	87.528	50.096	95.492	52.226
0.7333	94.518	44.638	52.331	87.525	50.096	95.488	52.226
0.75	94.518	44.626	52.331	87.528	50.096	95.492	52.22
0.7666	94.518	44.553	52.331	87.528	50.096	95.492	52.22
0.7833	94.518	44.651	52.327	87.528	50.096	95.488	52.226
0.8	94.518	44.622	52.331	87.525	50.096	95.488	52.226
0.8166	94.518	44.553	52.331	87.528	50.096	95.488	52.226
0.8333	94.518	44.537	52.331	87.528	50.096	95.492	52.226
0.85	94.518	44.613	52.331	87.528	50.096	95.492	52.226
0.8666	94.518	44.619	52.331	87.525	50.096	95.488	52.22

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0.8833	94.518	44.483	52.331	87.525	50.096	95.488	52.22
0.9	94.518	44.534	52.331	87.528	50.096	95.488	52.22
0.9166	94.518	44.515	52.331	87.528	50.096	95.488	52.226
0.9333	94.518	44.537	52.331	87.525	50.096	95.488	52.22
0.95	94.518	44.439	52.331	87.528	50.096	95.488	52.226
0.9666	94.518	44.534	52.331	87.528	50.096	95.492	52.22
0.9833	94.515	44.569	52.331	87.528	50.096	95.492	52.22
1	94.518	44.448	52.331	87.528	50.089	95.488	52.22
1.2	94.518	44.398	52.331	87.528	50.096	95.492	52.226
1.4	94.518	44.296	52.331	87.528	50.096	95.488	52.226
1.6	94.518	44.224	52.334	87.528	50.096	95.488	52.226
1.8	94.518	44.23	52.331	87.528	50.096	95.488	52.226
2	94.518	44.24	52.331	87.528	50.096	95.488	52.226
2.2	94.518	44.17	52.331	87.528	50.096	95.488	52.226
2.4	94.518	44.113	52.331	87.528	50.096	95.488	52.226
2.6	94.518	44.189	52.331	87.525	50.096	95.488	52.226
2.8	94.518	44.11	52.331	87.528	50.096	95.492	52.232
3	94.518	44.012	52.327	87.528	50.096	95.488	52.226
3.2	94.518	43.967	52.327	87.528	50.096	95.488	52.226
3.4	94.518	44.075	52.327	87.528	50.096	95.488	52.226
3.6	94.518	43.923	52.327	87.528	50.096	95.492	52.226
3.8	94.518	43.869	52.327	87.528	50.096	95.492	52.226
4	94.518	43.86	52.331	87.528	50.096	95.492	52.232
4.2	94.518	43.828	52.327	87.528	50.096	95.492	52.226
4.4	94.518	43.879	52.331	87.528	50.102	95.495	52.226
4.6	94.518	43.926	52.331	87.528	50.096	95.492	52.226
4.8	94.518	43.876	52.331	87.528	50.096	95.495	52.226
5	94.518	43.797	52.331	87.528	50.096	95.492	52.226
5.2	94.518	43.809	52.331	87.528	50.096	95.492	52.22
5.4	94.518	43.809	52.331	87.528	50.096	95.492	52.22
5.6	94.515	43.8	52.331	87.528	50.096	95.492	52.22
5.8	94.518	43.812	52.331	87.528	50.096	95.492	52.22
6	94.515	43.863	52.327	87.528	50.096	95.492	52.213
6.2	94.518	43.8	52.327	87.528	50.096	95.492	52.213
6.4	94.515	43.809	52.327	87.528	50.096	95.492	52.213
6.6	94.518	43.825	52.327	87.528	50.096	95.492	52.213
6.8	94.515	43.797	52.324	87.528	50.096	95.492	52.213
7	94.518	43.702	52.324	87.528	50.096	95.492	52.213
7.2	94.515	43.626	52.327	87.528	50.096	95.492	52.213
7.4	94.518	43.689	52.327	87.528	50.096	95.492	52.213
7.6	94.518	43.746	52.327	87.528	50.096	95.492	52.213
7.8	94.518	43.797	52.327	87.528	50.096	95.492	52.213
8	94.518	43.708	52.331	87.528	50.096	95.492	52.213
8.2	94.515	43.613	52.327	87.528	50.096	95.492	52.213
8.4	94.518	43.689	52.327	87.528	50.096	95.492	52.213
8.6	94.518	43.543	52.324	87.528	50.096	95.492	52.226
8.8	94.518	43.67	52.324	87.528	50.096	95.492	52.213
9	94.515	43.569	52.324	87.528	50.096	95.492	52.213
9.2	94.515	43.55	52.324	87.528	50.096	95.492	52.213
9.4	94.515	43.578	52.324	87.528	50.096	95.492	52.213
9.6	94.515	43.578	52.324	87.528	50.096	95.492	52.207
9.8	94.518	43.521	52.324	87.528	50.096	95.492	52.207
10	94.518	43.505	52.324	87.528	50.096	95.485	52.207
12	94.518	43.423	52.327	87.528	50.089	95.498	52.207
14	94.518	43.385	52.324	87.528	50.089	95.498	52.194
16	94.518	43.249	52.331	87.528	50.096	95.498	52.194
18	94.518	43.173	52.321	87.528	50.096	95.498	52.182
20	94.518	43.091	52.318	87.528	50.089	95.495	52.169
22	94.518	42.993	52.315	87.528	50.096	95.498	52.163
24	94.518	42.968	52.315	87.528	50.089	95.498	52.15
26	94.518	42.945	52.312	87.532	50.096	95.498	52.144
28	94.518	42.898	52.312	87.528	50.096	95.504	52.15
30	94.518	42.775	52.302	87.532	50.089	95.498	52.125
32	94.518	42.73	52.306	87.532	50.096	95.501	52.131
34	94.518	42.771	52.302	87.532	50.096	95.501	52.113
36	94.518	42.993	52.299	87.532	50.096	95.498	52.106
38	94.515	42.711	52.293	87.532	50.089	95.498	52.094

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40	94.515	42.607	52.293	87.532	50.089	95.501	52.094
42	94.515	42.506	52.29	87.532	50.089	95.498	52.081
44	94.515	42.464	52.29	87.532	50.096	95.498	52.075
46	94.515	42.445	52.287	87.532	50.096	95.501	52.068
48	94.512	42.499	52.277	87.532	50.096	95.498	52.062
50	94.512	42.313	52.277	87.535	50.096	95.504	52.062
52	94.515	42.259	52.28	87.535	50.089	95.504	52.05
54	94.515	42.316	52.271	87.535	50.089	95.501	52.037
56	94.515	42.297	52.262	87.535	50.096	95.501	52.024
58	94.515	42.249	52.265	87.535	50.089	95.504	52.024
60	94.515	42.196	52.259	87.535	50.096	95.504	52.018

Test 6, Step 2 MW-28D Pump test (15 gpm)

Start: 12/9/99 11:23 Stop: 12/9/99 12:05

Elapsed Time	MW28	MW28D	MW29D	MW30	MW30D	MW34	MW34D
0	94.512	42.183	52.259	87.535	50.096	95.507	52.018
0.0083	94.512	42.158	52.259	87.535	50.096	95.507	52.012
0.0166	94.512	42.189	52.259	87.535	50.096	95.507	52.012
0.025	94.512	42.183	52.259	87.535	50.096	95.507	52.005
0.0333	94.512	42.044	52.259	87.535	50.096	95.507	52.005
0.0416	94.512	42.139	52.255	87.535	50.096	95.507	52.005
0.05	94.512	42.164	52.259	87.535	50.096	95.507	52.012
0.0583	94.512	42.082	52.255	87.535	50.102	95.507	52.005
0.0666	94.512	42.116	52.255	87.535	50.096	95.507	52.005
0.075	94.512	42.113	52.259	87.535	50.096	95.507	52.005
0.0833	94.512	41.996	52.255	87.535	50.096	95.507	52.005
0.0916	94.512	42.015	52.255	87.535	50.096	95.507	52.012
0.1	94.512	41.911	52.259	87.535	50.096	95.511	52.012
0.1083	94.512	42.101	52.255	87.535	50.096	95.507	52.005
0.1166	94.512	41.961	52.259	87.535	50.096	95.507	52.005
0.125	94.512	41.813	52.259	87.535	50.096	95.507	52.005
0.1333	94.512	41.895	52.255	87.535	50.096	95.507	52.012
0.1416	94.512	41.822	52.259	87.535	50.096	95.507	52.005
0.15	94.512	41.936	52.255	87.535	50.096	95.507	52.012
0.1583	94.512	41.901	52.259	87.535	50.096	95.507	52.005
0.1666	94.512	41.876	52.259	87.535	50.096	95.507	52.005
0.175	94.512	41.724	52.259	87.535	50.096	95.507	52.012
0.1833	94.512	41.879	52.259	87.535	50.096	95.507	52.005
0.1916	94.512	41.765	52.259	87.535	50.096	95.507	52.005
0.2	94.512	41.654	52.259	87.535	50.096	95.507	52.012
0.2083	94.512	41.813	52.259	87.535	50.096	95.507	52.005
0.2166	94.512	41.658	52.259	87.535	50.096	95.507	52.005
0.225	94.512	41.677	52.259	87.535	50.096	95.507	52.005
0.2333	94.512	41.689	52.259	87.535	50.096	95.507	52.005
0.2416	94.512	41.885	52.259	87.535	50.096	95.507	52.012
0.25	94.512	41.569	52.259	87.535	50.096	95.507	52.005
0.2583	94.512	41.604	52.259	87.535	50.102	95.507	52.005
0.2666	94.512	41.724	52.259	87.535	50.102	95.507	52.012
0.275	94.512	41.699	52.259	87.535	50.096	95.507	52.005
0.2833	94.512	41.632	52.259	87.535	50.096	95.507	52.005
0.2916	94.512	41.594	52.259	87.535	50.096	95.507	52.012
0.3	94.512	41.635	52.259	87.535	50.102	95.507	52.005
0.3083	94.512	41.496	52.259	87.535	50.096	95.507	52.005
0.3166	94.512	41.509	52.259	87.535	50.096	95.507	52.005
0.325	94.512	41.582	52.259	87.535	50.096	95.507	52.005
0.3333	94.512	41.591	52.259	87.535	50.096	95.507	52.012
0.35	94.512	41.506	52.259	87.535	50.096	95.507	52.005
0.3666	94.512	41.398	52.259	87.535	50.096	95.507	52.012
0.3833	94.512	41.487	52.259	87.535	50.096	95.507	52.005
0.4	94.512	41.55	52.262	87.535	50.096	95.507	52.012
0.4166	94.512	41.48	52.262	87.535	50.096	95.507	52.012
0.4333	94.512	41.474	52.259	87.535	50.096	95.507	52.005
0.45	94.512	41.43	52.262	87.535	50.096	95.507	52.005
0.4666	94.512	41.373	52.259	87.538	50.096	95.507	52.012
0.4833	94.512	41.294	52.262	87.535	50.096	95.507	52.005
0.5	94.512	41.389	52.262	87.538	50.096	95.507	52.012
0.5166	94.512	41.332	52.262	87.535	50.096	95.507	52.012

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0.5333	94.512	41.297	52.262	87.535	50.096	95.507	52.005
0.55	94.512	41.325	52.262	87.535	50.096	95.507	52.012
0.5666	94.512	41.392	52.262	87.538	50.102	95.507	52.005
0.5833	94.512	41.291	52.262	87.535	50.102	95.507	52.005
0.6	94.512	41.199	52.262	87.538	50.096	95.507	52.012
0.6166	94.512	41.284	52.262	87.538	50.096	95.507	52.012
0.6333	94.512	41.221	52.262	87.538	50.096	95.507	52.012
0.65	94.512	41.23	52.262	87.538	50.102	95.507	52.012
0.6666	94.512	41.202	52.262	87.535	50.096	95.507	52.012
0.6833	94.512	41.329	52.262	87.535	50.102	95.507	52.012
0.7	94.512	41.151	52.262	87.535	50.096	95.507	52.005
0.7166	94.512	41.132	52.262	87.538	50.096	95.507	52.005
0.7333	94.512	41.221	52.262	87.538	50.102	95.507	52.005
0.75	94.512	41.148	52.265	87.535	50.102	95.507	52.005
0.7666	94.512	41.164	52.265	87.535	50.096	95.507	52.005
0.7833	94.512	41.085	52.262	87.535	50.102	95.507	52.005
0.8	94.512	41.17	52.262	87.535	50.096	95.507	52.012
0.8166	94.512	41.12	52.262	87.535	50.096	95.507	52.005
0.8333	94.512	41.05	52.262	87.535	50.096	95.507	52.005
0.85	94.512	41.139	52.265	87.535	50.102	95.507	52.012
0.8666	94.512	41.085	52.262	87.535	50.096	95.507	52.012
0.8833	94.512	41.186	52.262	87.535	50.096	95.507	52.005
0.9	94.512	41.072	52.265	87.535	50.096	95.507	52.005
0.9166	94.512	41.018	52.262	87.535	50.102	95.507	52.005
0.9333	94.512	41.126	52.262	87.535	50.102	95.507	52.005
0.95	94.512	40.86	52.265	87.535	50.096	95.507	52.005
0.9666	94.512	41.044	52.262	87.535	50.102	95.507	52.005
0.9833	94.512	41.066	52.265	87.535	50.102	95.507	52.005
1	94.512	41.031	52.262	87.538	50.096	95.507	52.005
1.2	94.512	40.92	52.262	87.535	50.102	95.507	52.012
1.4	94.512	40.835	52.262	87.535	50.102	95.507	52.012
1.6	94.512	40.816	52.259	87.535	50.102	95.507	52.012
1.8	94.512	40.674	52.259	87.535	50.096	95.507	52.005
2	94.509	40.68	52.259	87.535	50.096	95.504	52.005
2.2	94.512	40.683	52.255	87.538	50.096	95.504	51.999
2.4	94.512	40.617	52.255	87.535	50.096	95.504	51.999
2.6	94.512	40.651	52.255	87.538	50.102	95.504	51.999
2.8	94.512	40.623	52.255	87.538	50.096	95.507	51.999
3	94.512	40.5	52.259	87.538	50.102	95.507	51.999
3.2	94.512	40.579	52.259	87.538	50.096	95.504	51.999
3.4	94.512	40.452	52.259	87.538	50.096	95.507	51.999
3.6	94.512	40.398	52.255	87.538	50.096	95.507	51.999
3.8	94.512	40.354	52.255	87.535	50.096	95.507	51.993
4	94.512	40.313	52.252	87.535	50.102	95.504	51.993
4.2	94.512	40.335	52.252	87.538	50.102	95.504	51.993
4.4	94.512	40.376	52.252	87.538	50.096	95.504	51.993
4.6	94.512	40.373	52.252	87.535	50.102	95.504	51.993
4.8	94.512	40.174	52.252	87.538	50.102	95.504	51.993
5	94.512	40.294	52.249	87.538	50.102	95.504	51.987
5.2	94.512	40.262	52.249	87.538	50.102	95.504	51.987
5.4	94.512	40.253	52.249	87.538	50.102	95.504	51.987
5.6	94.512	40.313	52.246	87.538	50.102	95.504	51.987
5.8	94.512	40.082	52.246	87.538	50.102	95.504	51.987
6	94.512	40.114	52.243	87.538	50.102	95.504	51.987
6.2	94.512	40.171	52.243	87.538	50.096	95.504	51.98
6.4	94.512	40.171	52.243	87.538	50.096	95.504	51.98
6.6	94.512	40.171	52.246	87.538	50.096	95.504	51.98
6.8	94.512	40.186	52.246	87.538	50.096	95.504	51.98
7	94.509	40.079	52.246	87.538	50.096	95.504	51.98
7.2	94.512	40.066	52.246	87.538	50.096	95.504	51.974
7.4	94.512	39.974	52.243	87.538	50.096	95.504	51.98
7.6	94.522	40.063	52.243	87.538	50.096	95.504	51.98
7.8	94.512	40.05	52.243	87.538	50.096	95.504	51.974
8	94.512	39.971	52.24	87.538	50.096	95.504	51.974
8.2	94.512	40.117	52.243	87.538	50.096	95.504	51.974
8.4	94.512	40.079	52.24	87.535	50.096	95.507	51.974
8.6	94.512	40.066	52.243	87.538	50.096	95.507	51.974

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8.8	94.512	40.006	52.24	87.538	50.096	95.507	51.98
9	94.509	40.012	52.243	87.538	50.096	95.507	51.974
9.2	94.512	40	52.243	87.538	50.096	95.507	51.974
9.4	94.512	39.99	52.243	87.538	50.096	95.511	51.974
9.6	94.512	39.917	52.246	87.535	50.096	95.511	51.974
9.8	94.512	39.981	52.246	87.538	50.096	95.511	51.974
10	94.509	39.962	52.246	87.535	50.089	95.511	51.974
12	94.512	39.756	52.249	87.535	50.096	95.511	51.961
14	94.512	39.756	52.237	87.535	50.096	95.507	51.942
16	94.512	39.547	52.23	87.538	50.096	95.507	51.936
18	94.512	39.462	52.23	87.535	50.089	95.504	51.917
20	94.512	39.104	52.237	87.538	50.096	95.507	51.917
22	94.512	38.509	52.234	87.538	50.096	95.511	51.911
24	94.512	37.864	52.224	87.538	50.096	95.511	51.898
26	94.509	37.092	52.218	87.538	50.096	95.514	51.898
28	94.509	36.152	52.227	87.538	50.102	95.514	51.879
30	94.509	35.415	52.221	87.541	50.102	95.514	51.873
32	94.509	34.497	52.215	87.541	50.102	95.511	51.861
34	94.509	33.64	52.209	87.541	50.096	95.511	51.848
36	94.509	32.583	52.202	87.541	50.096	95.514	51.842
38	94.506	32.539	52.196	87.541	50.102	95.517	51.835
40	94.509	32.583	52.199	87.541	50.096	95.517	51.823
42	94.509	32.577	52.196	87.541	50.096	95.514	51.81

Test 6, Step 3 MW-28D Recovery

Start: 12/9/99 12:08 Stop: 12/9/99 16:20

Elapsed Time	MW28	MW28D	MW29D	MW30	MW30D	MW34	MW34D
0	94.506	32.577	52.193	87.544	50.102	95.514	51.81
0.0083	94.506	32.64	52.193	87.541	50.108	95.517	51.804
0.0166	94.506	32.602	52.193	87.541	50.102	95.517	51.804
0.025	94.506	32.621	52.193	87.541	50.102	95.517	51.804
0.0333	94.506	32.605	52.193	87.541	50.102	95.517	51.804
0.0416	94.506	32.586	52.193	87.541	50.102	95.514	51.804
0.05	94.506	32.589	52.193	87.541	50.102	95.517	51.804
0.0583	94.506	32.602	52.193	87.541	50.102	95.514	51.804
0.0666	94.506	32.599	52.193	87.541	50.108	95.514	51.804
0.075	94.506	32.612	52.193	87.541	50.102	95.514	51.804
0.0833	94.506	32.596	52.193	87.541	50.102	95.514	51.804
0.0916	94.506	32.602	52.19	87.541	50.102	95.514	51.798
0.1	94.506	32.612	52.193	87.541	50.102	95.514	51.798
0.1083	94.506	32.58	52.193	87.541	50.108	95.514	51.804
0.1166	94.506	32.599	52.193	87.541	50.102	95.514	51.798
0.125	94.506	32.583	52.193	87.541	50.102	95.514	51.804
0.1333	94.506	32.599	52.193	87.541	50.102	95.514	51.804
0.1416	94.506	32.491	52.193	87.541	50.102	95.514	51.798
0.15	94.506	32.488	52.193	87.541	50.102	95.514	51.798
0.1583	94.506	32.498	52.193	87.541	50.102	95.511	51.798
0.1666	94.506	32.488	52.193	87.541	50.108	95.511	51.798
0.175	94.506	32.485	52.193	87.541	50.108	95.511	51.798
0.1833	94.506	32.498	52.193	87.541	50.102	95.514	51.798
0.1916	94.506	32.501	52.193	87.541	50.108	95.514	51.798
0.2	94.506	32.498	52.193	87.541	50.108	95.514	51.798
0.2083	94.506	32.498	52.193	87.541	50.108	95.514	51.798
0.2166	94.506	32.491	52.193	87.541	50.108	95.511	51.798
0.225	94.506	32.482	52.193	87.541	50.108	95.514	51.798
0.2333	94.506	32.485	52.193	87.541	50.108	95.514	51.798
0.2416	94.506	32.501	52.193	87.541	50.108	95.514	51.798
0.25	94.506	32.485	52.193	87.541	50.108	95.514	51.798
0.2583	94.506	32.494	52.193	87.541	50.108	95.511	51.798
0.2666	94.506	32.485	52.193	87.541	50.108	95.514	51.798
0.275	94.506	32.488	52.193	87.541	50.108	95.511	51.798
0.2833	94.506	32.501	52.193	87.541	50.108	95.511	51.798
0.2916	94.506	32.504	52.193	87.541	50.108	95.511	51.798
0.3	94.506	32.494	52.193	87.541	50.108	95.511	51.798
0.3083	94.506	32.494	52.193	87.544	50.108	95.514	51.798
0.3166	94.506	32.494	52.193	87.541	50.102	95.511	51.798
0.325	94.506	32.501	52.193	87.541	50.108	95.511	51.798

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0.3333	94.506	32.491	52.193	87.541	50.108	95.511	51.798
0.35	94.506	32.488	52.193	87.544	50.102	95.511	51.798
0.3666	94.506	32.491	52.193	87.544	50.108	95.511	51.798
0.3833	94.506	32.482	52.193	87.544	50.108	95.511	51.798
0.4	94.506	32.494	52.193	87.544	50.108	95.511	51.798
0.4166	94.506	32.494	52.193	87.544	50.108	95.511	51.798
0.4333	94.506	32.485	52.193	87.544	50.108	95.514	51.798
0.45	94.506	32.504	52.196	87.544	50.108	95.511	51.798
0.4666	94.506	32.624	52.193	87.544	50.108	95.511	51.798
0.4833	94.506	32.754	52.193	87.544	50.108	95.514	51.798
0.5	94.506	32.918	52.196	87.544	50.108	95.511	51.798
0.5166	94.506	33.073	52.193	87.544	50.108	95.511	51.798
0.5333	94.506	33.251	52.193	87.544	50.108	95.514	51.798
0.55	94.506	33.497	52.193	87.544	50.108	95.514	51.798
0.5666	94.506	33.627	52.196	87.544	50.108	95.514	51.798
0.5833	94.506	33.77	52.193	87.544	50.108	95.514	51.798
0.6	94.506	33.969	52.196	87.544	50.108	95.511	51.798
0.6166	94.506	34.108	52.196	87.544	50.108	95.511	51.798
0.6333	94.506	34.292	52.196	87.544	50.108	95.514	51.798
0.65	94.506	34.437	52.196	87.544	50.108	95.514	51.798
0.6666	94.506	34.605	52.196	87.544	50.108	95.514	51.798
0.6833	94.506	34.776	52.196	87.544	50.108	95.511	51.798
0.7	94.506	34.921	52.196	87.544	50.108	95.514	51.798
0.7166	94.506	35.105	52.196	87.544	50.108	95.511	51.798
0.7333	94.506	35.279	52.196	87.544	50.108	95.511	51.798
0.75	94.506	35.418	52.196	87.544	50.108	95.514	51.798
0.7666	94.506	35.611	52.196	87.544	50.108	95.514	51.798
0.7833	94.506	35.776	52.196	87.544	50.108	95.511	51.798
0.8	94.506	35.95	52.196	87.544	50.108	95.514	51.798
0.8166	94.506	36.098	52.196	87.544	50.108	95.511	51.791
0.8333	94.509	36.269	52.196	87.544	50.108	95.511	51.791
0.85	94.506	36.434	52.196	87.544	50.108	95.511	51.798
0.8666	94.506	36.595	52.196	87.541	50.108	95.511	51.791
0.8833	94.506	36.728	52.196	87.544	50.108	95.511	51.791
0.9	94.506	36.934	52.196	87.544	50.108	95.511	51.791
0.9166	94.506	37.105	52.196	87.544	50.108	95.511	51.791
0.9333	94.506	37.26	52.196	87.544	50.108	95.511	51.791
0.95	94.506	37.453	52.196	87.544	50.108	95.511	51.791
0.9666	94.506	37.589	52.196	87.544	50.108	95.511	51.791
0.9833	94.509	37.794	52.193	87.544	50.108	95.511	51.791
1	94.506	37.902	52.193	87.541	50.108	95.511	51.791
1.2	94.506	39.784	52.196	87.544	50.108	95.514	51.798
1.4	94.506	40.895	52.196	87.544	50.115	95.514	51.798
1.6	94.509	41.386	52.199	87.544	50.115	95.517	51.798
1.8	94.506	41.639	52.199	87.544	50.115	95.517	51.804
2	94.506	41.794	52.199	87.544	50.108	95.514	51.804
2.2	94.509	41.914	52.19	87.544	50.108	95.514	51.798
2.4	94.506	42.009	52.187	87.544	50.108	95.514	51.798
2.6	94.509	42.088	52.19	87.544	50.108	95.517	51.798
2.8	94.509	42.161	52.19	87.544	50.108	95.517	51.798
3	94.506	42.224	52.19	87.544	50.108	95.517	51.798
3.2	94.506	42.281	52.19	87.544	50.115	95.517	51.798
3.4	94.509	42.332	52.193	87.544	50.115	95.523	51.798
3.6	94.506	42.382	52.199	87.544	50.108	95.517	51.798
3.8	94.506	42.426	52.193	87.544	50.108	95.517	51.798
4	94.506	42.471	52.196	87.544	50.115	95.52	51.798
4.2	94.509	42.515	52.202	87.547	50.115	95.523	51.804
4.4	94.506	42.559	52.199	87.547	50.115	95.52	51.804
4.6	94.506	42.597	52.196	87.544	50.108	95.517	51.798
4.8	94.506	42.635	52.196	87.547	50.115	95.52	51.798
5	94.509	42.67	52.199	87.547	50.121	95.523	51.798
5.2	94.509	42.705	52.205	87.547	50.121	95.523	51.804
5.4	94.506	42.73	52.205	87.547	50.121	95.523	51.804
5.6	94.509	42.765	52.202	87.547	50.121	95.523	51.798
5.8	94.509	42.79	52.205	87.547	50.121	95.526	51.804
6	94.506	42.819	52.209	87.547	50.121	95.53	51.81
6.2	94.506	42.844	52.209	87.547	50.121	95.533	51.81

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6.4	94.506	42.869	52.212	87.547	50.121	95.533	51.816
6.6	94.506	42.892	52.212	87.547	50.121	95.533	51.81
6.8	94.509	42.917	52.205	87.544	50.115	95.526	51.81
7	94.506	42.939	52.199	87.544	50.115	95.526	51.804
7.2	94.509	42.964	52.199	87.547	50.115	95.526	51.804
7.4	94.506	42.983	52.196	87.547	50.115	95.526	51.804
7.6	94.509	43.006	52.193	87.544	50.108	95.523	51.798
7.8	94.509	43.024	52.187	87.547	50.108	95.52	51.798
8	94.506	43.043	52.183	87.547	50.108	95.523	51.798
8.2	94.506	43.062	52.183	87.547	50.108	95.523	51.798
8.4	94.506	43.081	52.18	87.547	50.108	95.52	51.791
8.6	94.506	43.1	52.174	87.547	50.102	95.52	51.791
8.8	94.506	43.116	52.174	87.547	50.102	95.52	51.791
9	94.506	43.132	52.171	87.547	50.102	95.52	51.785
9.2	94.506	43.154	52.174	87.547	50.108	95.523	51.785
9.4	94.506	43.173	52.18	87.547	50.115	95.526	51.785
9.6	94.506	43.189	52.183	87.547	50.115	95.526	51.791
9.8	94.506	43.208	52.183	87.547	50.108	95.523	51.785
10	94.506	43.221	52.18	87.547	50.108	95.52	51.785
12	94.509	43.404	52.168	87.547	50.096	95.517	51.766
14	94.506	43.556	52.171	87.547	50.102	95.52	51.76
16	94.509	43.683	52.168	87.547	50.108	95.523	51.766
18	94.506	43.797	52.158	87.547	50.102	95.523	51.753
20	94.506	43.891	52.137	87.544	50.089	95.514	51.741
22	94.506	43.974	52.143	87.544	50.096	95.514	51.728
24	94.506	44.053	52.146	87.547	50.096	95.517	51.722
26	94.503	44.132	52.149	87.547	50.102	95.517	51.728
28	94.506	44.208	52.149	87.551	50.108	95.523	51.735
30	94.503	44.281	52.14	87.547	50.102	95.523	51.741
32	94.503	44.35	52.14	87.551	50.102	95.523	51.735
34	94.503	44.417	52.133	87.551	50.102	95.52	51.735
36	94.503	44.477	52.133	87.551	50.102	95.523	51.741
38	94.503	44.537	52.133	87.551	50.102	95.52	51.735
40	94.503	44.594	52.127	87.551	50.102	95.523	51.741
42	94.503	44.651	52.127	87.551	50.102	95.526	51.747
44	94.503	44.705	52.121	87.554	50.102	95.523	51.741
46	94.503	44.752	52.165	87.557	50.121	95.545	51.772
48	94.503	44.796	52.105	87.554	50.096	95.52	51.741
50	94.503	44.838	52.108	87.554	50.096	95.523	51.741
52	94.503	44.879	52.108	87.554	50.102	95.523	51.741
54	94.503	44.917	52.111	87.554	50.102	95.523	51.735
56	94.503	44.955	52.111	87.557	50.102	95.53	51.741
58	94.499	44.989	52.105	87.554	50.102	95.526	51.741
60	94.499	45.024	52.108	87.557	50.108	95.53	51.747
62	94.499	45.062	52.124	87.56	50.108	95.536	51.766
64	94.499	45.097	52.111	87.557	50.102	95.533	51.76
66	94.499	45.132	52.093	87.557	50.102	95.526	51.747
68	94.499	45.163	52.099	87.56	50.108	95.53	51.753
70	94.499	45.198	52.093	87.56	50.102	95.53	51.76
72	94.499	45.227	52.09	87.563	50.102	95.53	51.753
74	94.499	45.255	52.093	87.56	50.108	95.533	51.76
76	94.499	45.287	52.09	87.563	50.102	95.523	51.753
78	94.499	45.315	52.09	87.56	50.108	95.53	51.766
80	94.496	45.344	52.09	87.563	50.108	95.53	51.766
82	94.499	45.372	52.093	87.566	50.108	95.53	51.766
84	94.496	45.398	52.09	87.563	50.108	95.533	51.772
86	94.496	45.423	52.083	87.566	50.108	95.53	51.766
88	94.496	45.445	52.083	87.566	50.108	95.533	51.779
90	94.496	45.47	52.08	87.566	50.108	95.533	51.772
92	94.496	45.492	52.077	87.566	50.108	95.533	51.766
94	94.496	45.515	52.074	87.566	50.102	95.536	51.772
96	94.496	45.537	52.071	87.566	50.102	95.536	51.772
98	94.496	45.562	52.071	87.569	50.102	95.533	51.772
100	94.496	45.584	52.071	87.569	50.102	95.536	51.772
102	94.496	45.606	52.065	87.569	50.102	95.536	51.785
104	94.496	45.629	52.065	87.569	50.102	95.539	51.779
106	94.496	45.651	52.065	87.573	50.102	95.536	51.779

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108	94.496	45.673	52.068	87.573	50.102	95.539	51.779
110	94.493	45.692	52.061	87.576	50.102	95.539	51.785
112	94.493	45.714	52.058	87.576	50.102	95.542	51.785
114	94.493	45.733	52.058	87.576	50.102	95.539	51.785
116	94.496	45.755	52.055	87.576	50.102	95.542	51.791
118	94.493	45.774	52.058	87.576	50.102	95.542	51.791
120	94.493	45.793	52.055	87.576	50.102	95.542	51.791
122	94.493	45.812	52.055	87.579	50.102	95.545	51.791
124	94.493	45.831	52.052	87.579	50.102	95.545	51.798
126	94.496	45.85	52.052	87.579	50.102	95.549	51.804
128	94.493	45.869	52.052	87.579	50.102	95.549	51.804
130	94.493	45.888	52.052	87.582	50.108	95.549	51.804
132	94.493	45.904	52.055	87.582	50.102	95.549	51.804
134	94.493	45.923	52.058	87.582	50.108	95.552	51.81
136	94.493	45.939	52.055	87.582	50.108	95.552	51.816
138	94.493	45.954	52.049	87.582	50.102	95.552	51.816
140	94.493	45.97	52.052	87.585	50.108	95.555	51.823
142	94.496	45.989	52.046	87.585	50.102	95.555	51.823
144	94.493	46.002	52.033	87.585	50.096	95.552	51.81
146	94.493	46.015	52.04	87.585	50.102	95.549	51.81
148	94.493	46.03	52.043	87.585	50.102	95.552	51.816
150	94.493	46.04	52.043	87.585	50.102	95.555	51.823
152	94.493	46.053	52.036	87.588	50.102	95.552	51.816
154	94.493	46.068	52.052	87.588	50.108	95.558	51.829
156	94.493	46.084	52.04	87.588	50.102	95.555	51.829
158	94.493	46.103	52.046	87.588	50.102	95.561	51.842
160	94.49	46.109	52.036	87.592	50.102	95.558	51.835
162	94.493	46.119	52.043	87.592	50.108	95.561	51.842
164	94.493	46.135	52.04	87.592	50.102	95.564	51.842
166	94.493	46.144	52.036	87.592	50.102	95.564	51.842
168	94.493	46.157	52.036	87.595	50.102	95.568	51.842
170	94.493	46.163	52.021	87.595	50.096	95.561	51.835
172	94.49	46.179	52.008	87.595	50.089	95.555	51.829
174	94.49	46.192	52.021	87.595	50.096	95.558	51.835
176	94.49	46.204	52.024	87.595	50.096	95.561	51.835
178	94.49	46.214	52.033	87.595	50.102	95.561	51.848
180	94.49	46.223	52.011	87.598	50.096	95.558	51.835
182	94.49	46.236	52.014	87.598	50.089	95.558	51.835
184	94.49	46.246	52.018	87.598	50.096	95.561	51.842
186	94.49	46.258	52.024	87.601	50.102	95.561	51.842
188	94.49	46.268	52.018	87.601	50.096	95.564	51.848
190	94.49	46.277	52.018	87.601	50.096	95.561	51.848
192	94.49	46.287	52.014	87.601	50.096	95.564	51.848
194	94.49	46.296	52.014	87.601	50.089	95.564	51.848
196	94.49	46.309	52.011	87.601	50.089	95.564	51.854
198	94.49	46.318	52.011	87.604	50.096	95.568	51.854
200	94.49	46.328	52.011	87.604	50.089	95.568	51.854
202	94.487	46.34	52.011	87.604	50.089	95.568	51.854
204	94.487	46.347	52.014	87.607	50.096	95.571	51.861
206	94.49	46.356	52.011	87.604	50.096	95.571	51.861
208	94.487	46.366	52.011	87.607	50.096	95.571	51.861
210	94.49	46.375	52.008	87.607	50.096	95.571	51.867
212	94.49	46.385	52.011	87.607	50.096	95.574	51.867
214	94.487	46.394	52.011	87.611	50.089	95.574	51.867
216	94.487	46.404	52.008	87.611	50.089	95.574	51.867
218	94.487	46.413	52.008	87.611	50.089	95.574	51.873
220	94.487	46.423	52.005	87.611	50.089	95.574	51.873
222	94.49	46.429	52.005	87.614	50.089	95.574	51.873
224	94.487	46.439	52.002	87.611	50.089	95.574	51.873
226	94.487	46.448	51.999	87.614	50.089	95.574	51.873
228	94.487	46.454	52.005	87.614	50.089	95.574	51.873
230	94.487	46.464	52.002	87.614	50.089	95.577	51.873
232	94.487	46.473	51.999	87.617	50.089	95.577	51.879
234	94.487	46.483	52.002	87.617	50.089	95.577	51.879
236	94.487	46.489	52.002	87.617	50.089	95.577	51.879
238	94.487	46.499	51.999	87.617	50.083	95.577	51.879
240	94.487	46.505	51.996	87.617	50.083	95.577	51.879

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242	94.487	46.514	51.996	87.617	50.083	95.574	51.879
244	94.487	46.521	51.996	87.62	50.083	95.577	51.879
246	94.487	46.53	51.996	87.62	50.083	95.574	51.886
248	94.487	46.537	51.993	87.62	50.083	95.577	51.886
250	94.487	46.543	51.993	87.62	50.083	95.577	51.886
252	94.487	46.549	51.989	87.623	50.083	95.577	51.886

Test 7, Step 0 Overnight background readings

Start: 12/9/99 17:05 Stop: 12/10/99 7:35

Elapsed Time	MW28	MW28D	MW29D	MW29	MW30D	MW34	MW34D
0	94.471	46.644	53.34	65.37	50.064	95.58	51.861
30	94.474	46.717	53.322	65.37	50.045	95.587	51.867
60	94.477	46.777	53.306	65.37	50.032	95.59	51.867
90	94.484	46.828	53.294	65.37	50.013	95.59	51.867
120	94.49	46.882	53.29	65.37	49.994	95.593	51.873
150	94.496	46.932	53.294	65.37	49.994	95.596	51.892
180	94.499	46.992	53.312	65.37	49.994	95.599	51.911
210	94.509	47.027	53.315	65.37	49.994	95.602	51.924
240	94.512	47.071	53.334	65.37	49.988	95.606	51.942
270	94.518	47.119	53.353	65.37	50.001	95.609	51.961
300	94.522	47.144	53.356	65.37	50.001	95.612	51.974
330	94.525	47.176	53.366	65.37	49.994	95.615	51.98
360	94.528	47.211	53.384	65.37	50.001	95.618	51.999
390	94.531	47.245	53.403	65.37	50.007	95.624	52.018
420	94.531	47.28	53.425	65.37	50.02	95.631	52.05
450	94.534	47.315	53.463	65.37	50.032	95.634	52.075
480	94.537	47.347	53.503	65.37	50.039	95.643	52.113
510	94.537	47.372	53.544	65.37	50.051	95.647	52.138
540	94.537	47.394	53.585	65.37	50.064	95.653	52.169
570	94.541	47.423	53.635	65.37	50.083	95.659	52.207
600	94.541	47.448	53.672	65.37	50.096	95.666	52.232
630	94.541	47.489	53.722	65.37	50.115	95.675	52.27
660	94.544	47.514	53.769	65.37	50.134	95.685	52.308
690	94.547	47.559	53.829	65.37	50.165	95.691	52.346
720	94.547	47.6	53.885	65.37	50.197	95.704	52.396
750	94.547	47.644	53.941	65.37	50.229	95.716	52.446
780	94.55	47.676	53.982	65.37	50.248	95.719	52.472
810	94.55	47.688	54.023	65.37	50.267	95.732	52.503
840	94.553	47.72	54.035	65.37	50.292	95.738	52.516
870	94.553	47.752	57.64	65.37	50.311	95.742	52.522

Test 8, Step 0 MW-29D Transducer check

Start: 12/10/99 7:48 Stop: 12/10/99 7:51

Elapsed Time	MW28	MW28D	MW29D	MW29	MW30D	MW34	MW34D
0	94.556	47.78	57.652	64.843	50.324	95.748	52.553
0.0083	94.556	47.78	57.649	64.846	50.324	95.748	52.547
0.0166	94.556	47.78	57.652	64.843	50.324	95.748	52.541
0.025	94.556	47.78	57.649	64.846	50.324	95.748	52.541
0.0333	94.556	47.78	57.649	64.846	50.324	95.748	52.541
0.0416	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.05	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.0583	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.0666	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.075	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.0833	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.0916	94.556	47.78	57.652	64.843	50.324	95.748	52.541
0.1	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.1083	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.1166	94.556	47.78	57.649	64.843	50.324	95.745	52.541
0.125	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.1333	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.1416	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.15	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.1583	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.1666	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.175	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.1833	94.556	47.78	57.649	64.843	50.324	95.748	52.541

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0.1916	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.2	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.2083	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.2166	94.556	47.78	57.649	64.843	50.324	95.745	52.541
0.225	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.2333	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.2416	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.25	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.2583	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.2666	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.275	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.2833	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.2916	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.3	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.3083	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.3166	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.325	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.3333	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.35	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.3666	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.3833	94.556	47.78	57.649	64.843	50.324	95.745	52.541
0.4	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.4166	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.4333	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.45	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.4666	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.4833	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.5	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.5166	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.5333	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.55	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.5666	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.5833	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.6	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.6166	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.6333	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.65	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.6666	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.6833	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.7	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.7166	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.7333	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.75	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.7666	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.7833	94.556	47.78	57.649	64.84	50.324	95.748	52.541
0.8	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.8166	94.556	47.78	57.649	64.843	50.324	95.748	52.547
0.8333	94.556	47.783	57.649	64.843	50.324	95.748	52.541
0.85	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.8666	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.8833	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.9	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.9166	94.556	47.78	57.649	64.84	50.324	95.748	52.541
0.9333	94.556	47.78	57.649	64.843	50.33	95.748	52.541
0.95	94.556	47.78	57.649	64.843	50.324	95.748	52.541
0.9666	94.556	47.78	57.649	64.84	50.324	95.748	52.541
0.9833	94.556	47.78	57.649	64.843	50.324	95.748	52.541
1	94.556	47.78	57.649	64.843	50.324	95.748	52.541
1.2	94.556	47.78	57.649	64.84	50.324	95.748	52.547
1.4	94.556	47.78	57.649	64.84	50.324	95.748	52.547
1.6	94.556	47.78	57.649	64.843	50.324	95.748	52.547
1.8	94.556	47.783	57.652	64.84	50.324	95.748	52.547
2	94.556	47.783	57.649	65.37	50.324	95.748	52.522
2.2	94.556	47.783	57.649	65.37	50.33	95.748	52.522
2.4	94.556	47.783	57.649	65.37	50.324	95.748	52.522
2.6	94.556	47.783	57.652	65.37	50.324	95.748	52.522
2.8	94.556	47.786	57.652	65.37	50.33	95.751	52.522

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3	94.556	47.783	57.652	65.37	50.324	95.748	52.522
3.2	94.556	47.786	57.652	65.37	50.324	95.748	52.522
3.4	94.556	47.783	57.652	65.37	50.324	95.751	52.522

Test 9, Step 0 MW-29D Static water levels

Start: 12/10/99 7:59 Stop: 12/10/99 8:04

Elapsed Time	MW28	MW28D	MW29D	MW29	MW30D	MW34	MW34D
0	94.556	47.793	57.655	65.37	50.33	95.751	52.528
0.0083	94.556	47.79	57.655	65.37	50.33	95.751	52.522
0.0166	94.556	47.79	57.655	65.37	50.337	95.751	52.516
0.025	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.0333	94.556	47.79	57.655	65.37	50.33	95.751	52.522
0.0416	94.556	47.79	57.655	65.37	50.337	95.751	52.516
0.05	94.556	47.79	57.655	65.37	50.33	95.751	52.522
0.0583	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.0666	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.075	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.0833	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.0916	94.556	47.79	57.655	65.37	50.337	95.751	52.516
0.1	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.1083	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.1166	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.125	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.1333	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.1416	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.15	94.556	47.79	57.655	65.37	50.337	95.751	52.516
0.1583	94.553	47.79	57.655	65.37	50.33	95.751	52.516
0.1666	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.175	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.1833	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.1916	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.2	94.556	47.79	57.655	65.37	50.337	95.751	52.516
0.2083	94.556	47.793	57.655	65.37	50.337	95.751	52.516
0.2166	94.556	47.793	57.655	65.37	50.337	95.751	52.516
0.225	94.556	47.79	57.655	65.37	50.33	95.751	52.522
0.2333	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.2416	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.25	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.2583	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.2666	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.275	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.2833	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.2916	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.3	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.3083	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.3166	94.556	47.79	57.655	65.37	50.337	95.751	52.516
0.325	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.3333	94.556	47.79	57.655	65.37	50.33	95.751	52.522
0.35	94.556	47.793	57.655	65.37	50.33	95.751	52.522
0.3666	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.3833	94.556	47.793	57.655	65.37	50.337	95.751	52.516
0.4	94.556	47.793	57.655	65.37	50.33	95.751	52.522
0.4166	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.4333	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.45	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.4666	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.4833	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.5	94.556	47.793	57.655	65.37	50.33	95.751	52.522
0.5166	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.5333	94.556	47.79	57.652	65.37	50.337	95.751	52.516
0.55	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.5666	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.5833	94.556	47.793	57.655	65.37	50.337	95.751	52.522
0.6	94.556	47.79	57.655	65.37	50.33	95.751	52.522
0.6166	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.6333	94.556	47.79	57.655	65.37	50.33	95.751	52.522
0.65	94.556	47.793	57.655	65.37	50.33	95.751	52.522

APPENDIX U
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Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

0.6666	94.556	47.793	57.655	65.37	50.33	95.751	52.522
0.6833	94.556	47.79	57.655	65.37	50.33	95.751	52.516
0.7	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.7166	94.556	47.793	57.655	65.37	50.337	95.751	52.516
0.7333	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.75	94.556	47.79	57.655	65.37	50.33	95.751	52.522
0.7666	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.7833	94.556	47.79	57.655	65.37	50.337	95.751	52.522
0.8	94.556	47.793	57.655	65.37	50.33	95.751	52.522
0.8166	94.556	47.79	57.655	65.37	50.33	95.751	52.522
0.8333	94.556	47.79	57.655	65.37	50.337	95.751	52.516
0.85	94.556	47.79	57.655	65.37	50.337	95.751	52.516
0.8666	94.556	47.793	57.655	65.37	50.337	95.751	52.516
0.8833	94.556	47.793	57.655	65.37	50.33	95.751	52.522
0.9	94.556	47.793	57.655	65.37	50.337	95.751	52.516
0.9166	94.556	47.793	57.655	65.37	50.33	95.751	52.522
0.9333	94.556	47.793	57.655	65.37	50.337	95.751	52.522
0.95	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.9666	94.556	47.793	57.655	65.37	50.33	95.751	52.516
0.9833	94.556	47.793	57.655	65.37	50.337	95.751	52.516
1	94.556	47.793	57.655	65.37	50.33	95.751	52.516
1.2	94.556	47.79	57.655	65.37	50.33	95.751	52.522
1.4	94.556	47.793	57.655	65.37	50.337	95.751	52.522
1.6	94.556	47.793	57.655	65.37	50.33	95.751	52.522
1.8	94.556	47.793	57.652	65.37	50.33	95.751	52.522
2	94.556	47.793	57.652	65.37	50.33	95.751	52.522
2.2	94.556	47.793	57.652	65.37	50.33	95.751	52.522
2.4	94.556	47.796	57.655	65.37	50.337	95.751	52.522
2.6	94.556	47.796	57.655	65.37	50.337	95.751	52.522
2.8	94.556	47.796	57.655	65.37	50.33	95.751	52.522
3	94.556	47.796	57.655	65.37	50.337	95.754	52.522
3.2	94.556	47.796	57.655	65.37	50.337	95.751	52.528
3.4	94.556	47.796	57.655	65.37	50.33	95.754	52.522
3.6	94.556	47.796	57.655	65.37	50.337	95.751	52.522
3.8	94.556	47.796	57.652	65.37	50.337	95.754	52.522
4	94.556	47.793	57.655	65.37	50.337	95.754	52.522
4.2	94.556	47.796	57.655	65.37	50.337	95.751	52.522
4.4	94.559	47.793	57.652	65.37	50.337	95.751	52.522
4.6	94.556	47.796	57.655	65.37	50.337	95.751	52.522
4.8	94.556	47.796	57.652	65.37	50.33	95.751	52.522
5	94.556	47.796	57.652	65.37	50.337	95.751	52.522
5.2	94.556	47.796	57.652	65.37	50.337	95.751	52.522
5.4	94.556	47.796	57.652	65.37	50.337	95.751	52.522
5.6	94.556	47.796	57.655	65.37	50.337	95.754	52.522

Test 9, Step 1 MW-29D Pump test (4.9 gpm)

Start: 12/10/99 8:05 Stop: 12/10/99 9:11

Elapsed Time	MW28	MW28D	MW29D	MW29	MW30D	MW34	MW34D
0	94.556	47.796	57.655	65.37	50.337	95.754	52.522
0.0083	94.559	47.796	57.655	65.37	50.337	95.754	52.522
0.0166	94.556	47.796	57.655	65.37	50.337	95.754	52.522
0.025	94.556	47.796	57.652	65.37	50.337	95.754	52.516
0.0333	94.556	47.796	57.652	65.37	50.337	95.751	52.516
0.0416	94.556	47.796	57.652	65.37	50.337	95.751	52.516
0.05	94.556	47.796	57.652	65.37	50.337	95.754	52.516
0.0583	94.556	47.796	57.652	65.37	50.337	95.751	52.516
0.0666	94.556	47.796	57.652	65.37	50.337	95.751	52.516
0.075	94.556	47.796	57.652	65.37	50.337	95.751	52.516
0.0833	94.556	47.796	57.652	65.37	50.337	95.754	52.516
0.0916	94.556	47.796	57.655	65.37	50.337	95.754	52.516
0.1	94.556	47.796	57.652	65.37	50.337	95.751	52.516
0.1083	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.1166	94.556	47.796	57.652	65.37	50.337	95.751	52.516
0.125	94.556	47.796	57.655	65.37	50.337	95.751	52.516
0.1333	94.556	47.793	57.652	65.37	50.337	95.751	52.516
0.1416	94.556	47.796	57.652	65.37	50.337	95.751	52.516
0.15	94.556	47.796	57.652	65.37	50.337	95.754	52.516

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Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

0.1583	94.556	47.796	57.652	65.37	50.337	95.754	52.516
0.1666	94.556	47.796	57.652	65.37	50.337	95.751	52.516
0.175	94.556	47.796	57.652	65.37	50.337	95.751	52.516
0.1833	94.556	47.796	57.652	65.37	50.337	95.754	52.516
0.1916	94.556	47.793	57.652	65.37	50.337	95.751	52.516
0.2	94.556	47.796	57.652	65.37	50.337	95.754	52.516
0.2083	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.2166	94.556	47.796	57.652	65.37	50.337	95.751	52.516
0.225	94.556	47.793	57.655	65.37	50.337	95.751	52.516
0.2333	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.2416	94.556	47.796	57.655	65.37	50.337	95.751	52.516
0.25	94.556	47.796	57.652	65.37	50.337	95.754	52.516
0.2583	94.556	47.793	57.655	65.37	50.337	95.751	52.516
0.2666	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.275	94.556	47.796	57.652	65.37	50.337	95.754	52.516
0.2833	94.556	47.793	57.655	65.37	50.337	95.754	52.516
0.2916	94.556	47.796	57.652	65.37	50.337	95.754	52.516
0.3	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.3083	94.556	47.793	57.655	65.37	50.337	95.751	52.516
0.3166	94.556	47.793	57.655	65.37	50.337	95.751	52.516
0.325	94.556	47.793	57.655	65.37	50.337	95.751	52.516
0.3333	94.556	47.793	57.655	65.37	50.337	95.751	52.516
0.35	94.556	47.793	57.652	65.37	50.337	95.751	52.516
0.3666	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.3833	94.556	47.793	57.652	65.37	50.337	95.754	52.522
0.4	94.556	47.793	57.655	65.37	50.337	95.754	52.516
0.4166	94.556	47.793	57.652	65.37	50.337	95.751	52.516
0.4333	94.556	47.793	57.655	65.37	50.337	95.754	52.516
0.45	94.556	47.793	57.652	65.37	50.337	95.751	52.516
0.4666	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.4833	94.556	47.793	57.655	65.37	50.337	95.754	52.516
0.5	94.556	47.793	57.655	65.37	50.337	95.754	52.516
0.5166	94.556	47.793	57.652	65.37	50.337	95.754	52.522
0.5333	94.556	47.793	57.655	65.37	50.337	95.754	52.516
0.55	94.556	47.793	57.652	65.37	50.337	95.751	52.516
0.5666	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.5833	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.6	94.556	47.793	57.652	65.37	50.337	95.751	52.516
0.6166	94.556	47.793	57.652	65.37	50.33	95.751	52.516
0.6333	94.556	47.793	57.652	65.37	50.337	95.751	52.516
0.65	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.6666	94.556	47.793	57.652	65.37	50.337	95.751	52.516
0.6833	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.7	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.7166	94.556	47.793	57.652	65.37	50.337	95.751	52.516
0.7333	94.556	47.793	57.652	65.37	50.337	95.751	52.516
0.75	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.7666	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.7833	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.8	94.556	47.796	57.652	65.37	50.337	95.751	52.516
0.8166	94.556	47.793	57.652	65.37	50.337	95.751	52.516
0.8333	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.85	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.8666	94.556	47.793	57.652	65.37	50.337	95.751	52.516
0.8833	94.556	47.793	57.652	65.37	50.337	95.751	52.516
0.9	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.9166	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.9333	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.95	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.9666	94.556	47.793	57.652	65.37	50.337	95.754	52.516
0.9833	94.556	47.793	57.652	65.37	50.337	95.754	52.516
1	94.556	47.793	57.652	65.37	50.337	95.751	52.516
1.2	94.556	47.793	57.652	65.37	50.337	95.754	52.522
1.4	94.556	47.793	57.652	65.37	50.337	95.754	52.522
1.6	94.556	47.793	57.652	65.37	50.337	95.754	52.522
1.8	94.556	47.793	56.704	65.37	50.337	95.754	52.522
2	94.556	47.793	54.248	65.37	50.33	95.751	52.522

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Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

2.2	94.556	47.793	54.004	65.37	50.337	95.751	52.522
2.4	94.556	47.796	53.716	65.37	50.337	95.751	52.522
2.6	94.556	47.793	53.406	65.37	50.337	95.754	52.522
2.8	94.556	47.796	53.125	65.37	50.337	95.754	52.522
3	94.556	47.796	52.812	65.37	50.337	95.754	52.522
3.2	94.556	47.793	52.558	65.37	50.337	95.754	52.522
3.4	94.556	47.796	52.321	65.37	50.337	95.754	52.522
3.6	94.556	47.793	52.08	65.37	50.337	95.754	52.522
3.8	94.556	47.796	51.87	65.37	50.337	95.754	52.522
4	94.556	47.793	51.679	65.37	50.337	95.754	52.522
4.2	94.559	47.793	51.476	65.37	50.337	95.754	52.522
4.4	94.556	47.793	51.288	65.37	50.337	95.754	52.522
4.6	94.559	47.793	51.313	65.37	50.337	95.754	52.522
4.8	94.556	47.796	51.379	65.37	50.337	95.754	52.522
5	94.556	47.793	51.379	65.37	50.337	95.754	52.522
5.2	94.556	47.793	51.416	65.37	50.337	95.754	52.522
5.4	94.556	47.796	51.391	65.37	50.337	95.754	52.522
5.6	94.556	47.796	51.379	65.37	50.337	95.754	52.522
5.8	94.556	47.796	51.395	65.37	50.337	95.754	52.522
6	94.556	47.796	51.366	65.37	50.337	95.754	52.522
6.2	94.556	47.796	51.31	65.37	50.337	95.751	52.522
6.4	94.556	47.799	51.294	65.37	50.337	95.754	52.516
6.6	94.556	47.796	51.282	65.37	50.337	95.754	52.516
6.8	94.556	47.796	51.257	65.37	50.337	95.754	52.516
7	94.556	47.796	51.207	65.37	50.337	95.754	52.516
7.2	94.556	47.796	51.179	65.37	50.337	95.754	52.516
7.4	94.556	47.796	51.141	65.37	50.337	95.754	52.516
7.6	94.556	47.799	51.104	65.37	50.337	95.754	52.516
7.8	94.556	47.799	51.044	65.37	50.337	95.754	52.516
8	94.556	47.799	51.038	65.37	50.337	95.754	52.516
8.2	94.556	47.799	50.972	65.37	50.337	95.757	52.516
8.4	94.559	47.799	50.953	65.37	50.337	95.757	52.516
8.6	94.556	47.796	50.922	65.37	50.337	95.757	52.516
8.8	94.556	47.796	50.875	65.37	50.343	95.757	52.516
9	94.556	47.796	50.838	65.37	50.337	95.757	52.516
9.2	94.556	47.796	50.794	65.37	50.337	95.754	52.516
9.4	94.556	47.796	50.781	65.37	50.337	95.757	52.509
9.6	94.556	47.796	50.713	65.37	50.337	95.757	52.509
9.8	94.556	47.796	50.659	65.37	50.343	95.757	52.516
10	94.556	47.786	50.641	65.37	50.337	95.757	52.522
12	94.556	47.79	50.265	65.37	50.337	95.757	52.522
14	94.556	47.79	49.952	65.37	50.343	95.761	52.516
16	94.556	47.79	49.677	65.37	50.337	95.761	52.509
18	94.556	47.793	49.402	65.37	50.343	95.761	52.503
20	94.556	47.796	49.158	65.37	50.343	95.754	52.497
22	94.556	47.796	48.936	65.37	50.343	95.757	52.497
24	94.559	47.802	48.789	65.37	50.343	95.757	52.484
26	94.556	47.802	48.595	65.37	50.337	95.757	52.478
28	94.556	47.802	48.42	65.37	50.343	95.761	52.472
30	94.556	47.805	48.304	65.37	50.343	95.761	52.465
32	94.556	47.805	48.173	65.37	50.349	95.764	52.465
34	94.556	47.805	48.063	65.37	50.349	95.764	52.459
36	94.556	47.805	47.932	65.37	50.349	95.764	52.453
38	94.556	47.809	47.828	65.37	50.349	95.767	52.446
40	94.556	47.812	47.71	65.37	50.356	95.77	52.44
42	94.556	47.812	47.591	65.37	50.356	95.764	52.434
44	94.556	47.815	47.519	65.37	50.349	95.767	52.427
46	94.556	47.815	47.431	65.37	50.356	95.767	52.421
48	94.556	47.815	47.344	65.37	50.356	95.77	52.415
50	94.556	47.818	47.259	65.37	50.356	95.77	52.415
52	94.556	47.818	47.181	65.37	50.356	95.773	52.402
54	94.553	47.818	47.131	65.37	50.356	95.773	52.396
56	94.553	47.821	47.068	65.37	50.362	95.773	52.396
58	94.553	47.821	46.978	65.37	50.362	95.773	52.39
60	94.553	47.824	46.924	65.37	50.362	95.776	52.383
62	94.553	47.824	46.884	65.37	50.362	95.776	52.371
64	94.553	47.824	46.802	65.37	50.362	95.776	52.371

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Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

66	94.553	47.828	46.768	65.37	50.362	95.776	52.364
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Test 10, Step 0 MW-29D Recovery

Start: 12/10/99 9:14 Stop: 12/10/99 11:18

Elapsed Time	MW28	MW28D	MW29D	MW29	MW30D	MW34	MW34D
0	94.55	47.837	47.747	65.37	50.368	95.779	52.352
0.0083	94.55	47.837	47.763	65.37	50.368	95.779	52.346
0.0166	94.55	47.837	47.782	65.37	50.368	95.779	52.346
0.025	94.55	47.837	47.8	65.37	50.368	95.776	52.346
0.0333	94.55	47.837	47.819	65.37	50.368	95.779	52.346
0.0416	94.553	47.837	47.835	65.37	50.368	95.779	52.346
0.05	94.55	47.837	47.853	65.37	50.368	95.779	52.339
0.0583	94.55	47.837	47.872	65.37	50.368	95.776	52.339
0.0666	94.55	47.837	47.888	65.37	50.368	95.779	52.339
0.075	94.55	47.837	47.907	65.37	50.368	95.776	52.339
0.0833	94.55	47.837	47.925	65.37	50.368	95.776	52.346
0.0916	94.55	47.837	47.944	65.37	50.368	95.779	52.339
0.1	94.55	47.837	47.96	65.37	50.368	95.776	52.339
0.1083	94.55	47.837	47.975	65.37	50.368	95.776	52.339
0.1166	94.553	47.837	47.994	65.37	50.368	95.776	52.339
0.125	94.55	47.837	48.01	65.37	50.368	95.776	52.346
0.1333	94.55	47.837	48.029	65.37	50.368	95.776	52.339
0.1416	94.55	47.837	48.044	65.37	50.368	95.776	52.339
0.15	94.55	47.837	48.06	65.37	50.368	95.776	52.339
0.1583	94.55	47.837	48.079	65.37	50.368	95.776	52.339
0.1666	94.55	47.837	48.094	65.37	50.368	95.779	52.339
0.175	94.55	47.837	48.11	65.37	50.368	95.779	52.339
0.1833	94.55	47.837	48.129	65.37	50.368	95.776	52.339
0.1916	94.55	47.837	48.144	65.37	50.368	95.776	52.339
0.2	94.55	47.837	48.16	65.37	50.368	95.776	52.339
0.2083	94.55	47.837	48.176	65.37	50.368	95.776	52.339
0.2166	94.55	47.837	48.191	65.37	50.368	95.776	52.339
0.225	94.55	47.837	48.207	65.37	50.368	95.779	52.339
0.2333	94.553	47.837	48.223	65.37	50.368	95.776	52.339
0.2416	94.55	47.837	48.241	65.37	50.368	95.776	52.339
0.25	94.55	47.837	48.254	65.37	50.368	95.779	52.339
0.2583	94.55	47.837	48.269	65.37	50.368	95.776	52.339
0.2666	94.55	47.837	48.285	65.37	50.368	95.776	52.339
0.275	94.55	47.837	48.301	65.37	50.368	95.776	52.339
0.2833	94.55	47.837	48.316	65.37	50.368	95.779	52.339
0.2916	94.55	47.837	48.332	65.37	50.368	95.776	52.339
0.3	94.55	47.837	48.348	65.37	50.368	95.776	52.339
0.3083	94.553	47.837	48.363	65.37	50.368	95.776	52.339
0.3166	94.55	47.837	48.376	65.37	50.368	95.779	52.339
0.325	94.55	47.837	48.391	65.37	50.368	95.776	52.339
0.3333	94.55	47.837	48.407	65.37	50.368	95.776	52.339
0.35	94.55	47.837	48.435	65.37	50.368	95.779	52.346
0.3666	94.55	47.837	48.467	65.37	50.368	95.776	52.339
0.3833	94.55	47.834	48.495	65.37	50.368	95.776	52.346
0.4	94.55	47.837	48.523	65.37	50.368	95.776	52.339
0.4166	94.55	47.837	48.551	65.37	50.368	95.776	52.346
0.4333	94.55	47.837	48.579	65.37	50.368	95.776	52.346
0.45	94.55	47.834	48.607	65.37	50.368	95.776	52.339
0.4666	94.55	47.837	48.635	65.37	50.368	95.776	52.339
0.4833	94.55	47.837	48.664	65.37	50.368	95.776	52.339
0.5	94.55	47.834	48.692	65.37	50.368	95.776	52.339
0.5166	94.55	47.834	48.717	65.37	50.368	95.779	52.339
0.5333	94.55	47.837	48.745	65.37	50.368	95.776	52.339
0.55	94.55	47.837	48.77	65.37	50.368	95.776	52.339
0.5666	94.55	47.837	48.795	65.37	50.368	95.776	52.346
0.5833	94.55	47.837	48.82	65.37	50.368	95.776	52.339
0.6	94.55	47.837	48.848	65.37	50.368	95.779	52.346
0.6166	94.55	47.837	48.873	65.37	50.368	95.776	52.346
0.6333	94.55	47.837	48.898	65.37	50.368	95.776	52.339
0.65	94.55	47.837	48.923	65.37	50.368	95.776	52.339
0.6666	94.55	47.837	48.948	65.37	50.368	95.776	52.339
0.6833	94.55	47.837	48.973	65.37	50.368	95.776	52.339

APPENDIX U
Step-Rate Pumping Test Raw Groundwater Elevation Data
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

0.7	94.55	47.837	48.995	65.37	50.368	95.779	52.346
0.7166	94.55	47.834	49.02	65.37	50.368	95.779	52.339
0.7333	94.55	47.837	49.042	65.37	50.368	95.779	52.339
0.75	94.55	47.837	49.067	65.37	50.368	95.776	52.346
0.7666	94.55	47.834	49.092	65.37	50.368	95.776	52.339
0.7833	94.55	47.837	49.114	65.37	50.368	95.776	52.339
0.8	94.55	47.837	49.136	65.37	50.368	95.776	52.346
0.8166	94.55	47.837	49.161	65.37	50.368	95.779	52.346
0.8333	94.55	47.837	49.183	65.37	50.368	95.779	52.339
0.85	94.55	47.837	49.205	65.37	50.368	95.779	52.339
0.8666	94.55	47.837	49.227	65.37	50.368	95.779	52.339
0.8833	94.55	47.837	49.249	65.37	50.368	95.776	52.339
0.9	94.55	47.837	49.27	65.37	50.368	95.779	52.339
0.9166	94.553	47.837	49.292	65.37	50.368	95.779	52.339
0.9333	94.55	47.834	49.314	65.37	50.368	95.776	52.339
0.95	94.55	47.837	49.336	65.37	50.368	95.779	52.339
0.9666	94.55	47.837	49.358	65.37	50.368	95.776	52.339
0.9833	94.55	47.837	49.377	65.37	50.368	95.776	52.339
1	94.55	47.837	49.399	65.37	50.368	95.779	52.339
1.2	94.55	47.837	49.643	65.37	50.368	95.779	52.346
1.4	94.553	47.837	49.855	65.37	50.368	95.779	52.346
1.6	94.553	47.837	50.052	65.37	50.368	95.779	52.346
1.8	94.553	47.837	50.225	65.37	50.368	95.779	52.346
2	94.553	47.837	50.393	65.37	50.368	95.779	52.346
2.2	94.55	47.837	50.553	65.37	50.368	95.779	52.339
2.4	94.55	47.837	50.7	65.37	50.368	95.779	52.339
2.6	94.55	47.837	50.838	65.37	50.368	95.779	52.346
2.8	94.55	47.837	50.966	65.37	50.368	95.779	52.339
3	94.553	47.837	51.088	65.37	50.368	95.779	52.339
3.2	94.55	47.84	51.204	65.37	50.368	95.779	52.339
3.4	94.55	47.837	51.313	65.37	50.368	95.779	52.339
3.6	94.553	47.837	51.416	65.37	50.368	95.779	52.339
3.8	94.55	47.837	51.517	65.37	50.368	95.779	52.339
4	94.55	47.837	51.61	65.37	50.368	95.779	52.339
4.2	94.55	47.837	51.698	65.37	50.368	95.779	52.339
4.4	94.55	47.837	51.786	65.37	50.368	95.779	52.339
4.6	94.55	47.837	51.867	65.37	50.368	95.779	52.339
4.8	94.55	47.837	51.945	65.37	50.368	95.779	52.333
5	94.553	47.837	52.02	65.37	50.368	95.779	52.333
5.2	94.553	47.837	52.092	65.37	50.368	95.783	52.333
5.4	94.55	47.837	52.161	65.37	50.368	95.779	52.333
5.6	94.553	47.837	52.227	65.37	50.368	95.779	52.333
5.8	94.553	47.837	52.292	65.37	50.368	95.779	52.333
6	94.55	47.837	52.358	65.37	50.368	95.779	52.333
6.2	94.55	47.837	52.418	65.37	50.368	95.779	52.333
6.4	94.55	47.837	52.477	65.37	50.368	95.779	52.333
6.6	94.55	47.84	52.533	65.37	50.368	95.779	52.327
6.8	94.55	47.84	52.59	65.37	50.368	95.779	52.333
7	94.553	47.84	52.646	65.37	50.368	95.779	52.333
7.2	94.55	47.84	52.699	65.37	50.368	95.779	52.333
7.4	94.55	47.84	52.749	65.37	50.368	95.779	52.333
7.6	94.55	47.84	52.799	65.37	50.368	95.779	52.327
7.8	94.55	47.84	52.846	65.37	50.368	95.779	52.327
8	94.55	47.84	52.893	65.37	50.368	95.779	52.327
8.2	94.55	47.84	52.94	65.37	50.368	95.779	52.327
8.4	94.55	47.84	52.984	65.37	50.368	95.779	52.327
8.6	94.55	47.837	53.028	65.37	50.368	95.779	52.327
8.8	94.55	47.84	53.071	65.37	50.368	95.779	52.327
9	94.55	47.84	53.112	65.37	50.368	95.783	52.327
9.2	94.55	47.84	53.153	65.37	50.368	95.779	52.327
9.4	94.55	47.84	53.193	65.37	50.368	95.779	52.327
9.6	94.55	47.837	53.234	65.37	50.368	95.779	52.327
9.8	94.55	47.837	53.272	65.37	50.368	95.779	52.327
10	94.55	47.824	53.309	65.37	50.368	95.779	52.333
12	94.55	47.828	53.647	65.37	50.368	95.783	52.333
14	94.55	47.828	53.926	65.37	50.368	95.786	52.333
16	94.55	47.828	54.163	65.37	50.368	95.783	52.327

APPENDIX U
Step-Rate Pumping Test Raw Groundwater Elevation Data
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

18	94.55	47.824	54.379	65.37	50.368	95.786	52.333
20	94.55	47.828	54.567	65.37	50.368	95.786	52.333
22	94.55	47.828	54.733	65.37	50.368	95.786	52.333
24	94.55	47.828	54.883	65.37	50.375	95.786	52.333
26	94.547	47.828	55.018	65.37	50.375	95.789	52.333
28	94.55	47.828	55.143	65.37	50.375	95.789	52.339
30	94.55	47.824	55.255	65.37	50.375	95.792	52.339
32	94.55	47.828	55.355	65.37	50.375	95.792	52.346
34	94.547	47.828	55.446	65.37	50.375	95.792	52.346
36	94.547	47.828	55.534	65.37	50.368	95.792	52.346
38	94.547	47.828	55.615	65.37	50.375	95.792	52.346
40	94.547	47.831	55.693	65.37	50.375	95.795	52.352
42	94.547	47.831	55.762	65.37	50.375	95.795	52.352
44	94.547	47.831	55.828	65.37	50.375	95.795	52.358
46	94.547	47.831	55.884	65.37	50.375	95.798	52.358
48	94.547	47.831	55.941	65.37	50.375	95.798	52.358
50	94.547	47.834	55.997	65.37	50.381	95.798	52.364
52	94.547	47.834	56.05	65.37	50.381	95.798	52.364
54	94.547	47.834	56.097	65.37	50.381	95.798	52.371
56	94.544	47.834	56.138	65.37	50.381	95.798	52.371
58	94.544	47.834	56.182	65.37	50.381	95.802	52.377
60	94.544	47.834	56.222	65.37	50.381	95.802	52.371
62	94.544	47.834	56.26	65.37	50.375	95.802	52.371
64	94.544	47.843	56.294	65.37	50.375	95.805	52.377
66	94.544	47.843	56.332	65.37	50.375	95.805	52.383
68	94.544	47.847	56.369	65.37	50.394	95.798	52.383
70	94.544	47.847	56.401	65.37	50.394	95.798	52.39
72	94.544	47.847	56.432	65.37	50.394	95.802	52.39
74	94.544	47.85	56.463	65.37	50.4	95.802	52.396
76	94.541	47.85	56.488	65.37	32.796	95.805	52.39
78	94.544	47.853	56.516	65.37	32.777	95.805	52.396
80	94.544	47.853	56.541	65.37	32.777	95.805	52.396
82	94.544	47.856	56.566	65.37	32.777	95.805	52.396
84	94.541	47.856	56.588	65.37	50.66	95.805	52.396
86	94.541	47.859	56.61	65.37	50.647	95.808	52.396
88	94.541	47.859	56.635	65.37	50.634	95.811	52.402
90	94.541	47.862	56.657	65.37	50.615	95.811	52.409
92	94.541	47.862	56.676	65.37	50.603	95.811	52.409
94	94.541	47.866	56.698	65.37	50.584	95.811	52.415
96	94.541	47.866	56.717	65.37	50.571	95.811	52.415
98	94.541	47.869	56.739	65.37	50.425	95.814	52.415
100	94.541	47.872	56.754	65.37	50.222	95.814	52.421
102	94.541	47.875	56.773	65.37	50.394	95.814	52.421
104	94.541	47.878	56.789	65.37	50.489	95.817	52.427
106	94.541	47.881	56.804	65.37	50.489	95.817	52.427
108	94.541	47.881	56.82	65.37	50.482	95.821	52.427
110	94.537	47.881	56.832	65.37	50.482	95.821	52.427
112	94.541	47.885	56.848	65.37	50.47	95.821	52.434
114	94.537	47.888	56.864	65.37	50.47	95.824	52.44
116	94.537	47.891	56.876	65.37	50.463	95.821	52.44
118	94.537	47.897	56.895	65.37	50.463	95.821	52.44
120	94.537	47.897	56.907	65.37	50.47	95.821	52.446
122	94.534	47.904	56.92	65.37	50.47	95.824	52.453
124	94.537	47.904	56.933	65.37	50.463	95.824	52.446

Test 10, Step 1 MW-30D Pump test (0.75 gpm)

Start: 12/10/99 11:18 Stop: 12/10/99 13:58

Elapsed Time	MW28	MW28D	MW29D	MW29	MW30D	MW34	MW34D
0	94.537	47.919	56.939	65.37	50.451	95.827	52.44
0.0083	94.537	47.916	56.939	65.37	50.451	95.827	52.44
0.0166	94.537	47.916	56.939	65.37	50.444	95.827	52.434
0.025	94.537	47.916	56.939	65.37	50.444	95.827	52.434
0.0333	94.537	47.916	56.939	65.37	50.432	95.827	52.434
0.0416	94.537	47.916	56.939	65.37	50.425	95.827	52.434
0.05	94.537	47.916	56.939	65.37	50.432	95.827	52.434
0.0583	94.537	47.916	56.939	65.37	50.419	95.827	52.434
0.0666	94.537	47.916	56.939	65.37	50.413	95.827	52.434

APPENDIX U
Step-Rate Pumping Test Raw Groundwater Elevation Data
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

0.075	94.534	47.916	56.939	65.37	50.406	95.827	52.434
0.0833	94.537	47.916	56.939	65.37	50.4	95.827	52.434
0.0916	94.534	47.916	56.939	65.37	50.4	95.827	52.434
0.1	94.537	47.916	56.939	65.37	50.387	95.824	52.434
0.1083	94.534	47.916	56.939	65.37	50.375	95.827	52.434
0.1166	94.537	47.916	56.939	65.37	50.362	95.827	52.434
0.125	94.537	47.916	56.939	65.37	50.349	95.827	52.434
0.1333	94.534	47.916	56.939	65.37	50.343	95.827	52.434
0.1416	94.537	47.916	56.939	65.37	50.324	95.827	52.434
0.15	94.537	47.916	56.939	65.37	50.311	95.827	52.434
0.1583	94.534	47.916	56.939	65.37	50.298	95.827	52.434
0.1666	94.534	47.916	56.939	65.37	50.279	95.827	52.434
0.175	94.534	47.916	56.939	65.37	50.267	95.827	52.434
0.1833	94.534	47.916	56.939	65.37	50.254	95.827	52.434
0.1916	94.537	47.919	56.939	65.37	50.235	95.827	52.44
0.2	94.534	47.919	56.939	65.37	50.216	95.827	52.434
0.2083	94.534	47.916	56.939	65.37	50.203	95.827	52.434
0.2166	94.534	47.919	56.939	65.37	50.191	95.827	52.434
0.225	94.534	47.916	56.939	65.37	50.172	95.827	52.434
0.2333	94.534	47.919	56.939	65.37	50.159	95.827	52.434
0.2416	94.537	47.916	56.939	65.37	50.146	95.827	52.434
0.25	94.534	47.916	56.939	65.37	50.127	95.827	52.44
0.2583	94.537	47.919	56.939	65.37	50.121	95.827	52.434
0.2666	94.534	47.916	56.939	65.37	50.102	95.827	52.434
0.275	94.534	47.919	56.939	65.37	50.089	95.827	52.434
0.2833	94.534	47.919	56.939	65.37	50.07	95.827	52.434
0.2916	94.534	47.916	56.939	65.37	50.07	95.827	52.434
0.3	94.534	47.919	56.942	65.37	50.058	95.827	52.434
0.3083	94.534	47.916	56.939	65.37	50.045	95.827	52.434
0.3166	94.534	47.919	56.939	65.37	50.026	95.827	52.434
0.325	94.534	47.916	56.939	65.37	50.013	95.827	52.434
0.3333	94.534	47.916	56.942	65.37	50.007	95.827	52.434
0.35	94.534	47.916	56.942	65.37	49.982	95.827	52.44
0.3666	94.537	47.919	56.942	65.37	49.963	95.827	52.44
0.3833	94.537	47.916	56.939	65.37	49.931	95.827	52.44
0.4	94.537	47.919	56.942	65.37	49.925	95.827	52.434
0.4166	94.534	47.919	56.942	65.37	49.893	95.827	52.44
0.4333	94.537	47.916	56.942	65.37	49.874	95.827	52.44
0.45	94.537	47.916	56.942	65.37	49.849	95.827	52.434
0.4666	94.534	47.919	56.942	65.37	49.817	95.827	52.44
0.4833	94.534	47.916	56.942	65.37	49.804	95.827	52.434
0.5	94.534	47.919	56.942	65.37	49.785	95.827	52.44
0.5166	94.537	47.919	56.942	65.37	49.773	95.827	52.434
0.5333	94.534	47.919	56.942	65.37	49.76	95.827	52.434
0.55	94.534	47.919	56.942	65.37	49.747	95.827	52.434
0.5666	94.534	47.916	56.942	65.37	49.735	95.827	52.434
0.5833	94.537	47.916	56.942	65.37	49.722	95.827	52.44
0.6	94.534	47.919	56.942	65.37	49.703	95.827	52.44
0.6166	94.534	47.919	56.942	65.37	49.678	95.827	52.44
0.6333	94.534	47.919	56.942	65.37	49.652	95.827	52.434
0.65	94.537	47.919	56.942	65.37	49.633	95.827	52.44
0.6666	94.537	47.919	56.942	65.37	49.621	95.827	52.44
0.6833	94.537	47.919	56.945	65.37	49.608	95.827	52.44
0.7	94.534	47.919	56.945	65.37	49.583	95.827	52.44
0.7166	94.534	47.919	56.945	65.37	49.57	95.827	52.44
0.7333	94.537	47.919	56.942	65.37	49.551	95.827	52.44
0.75	94.534	47.919	56.945	65.37	49.538	95.827	52.434
0.7666	94.534	47.919	56.945	65.37	49.526	95.827	52.44
0.7833	94.534	47.919	56.942	65.37	49.513	95.827	52.44
0.8	94.534	47.916	56.945	65.37	49.5	95.827	52.44
0.8166	94.537	47.919	56.945	65.37	49.494	95.827	52.44
0.8333	94.534	47.919	56.945	65.37	49.488	95.827	52.44
0.85	94.534	47.919	56.945	65.37	49.475	95.827	52.44
0.8666	94.537	47.919	56.945	65.37	49.469	95.827	52.44
0.8833	94.537	47.919	56.945	65.37	49.462	95.827	52.44
0.9	94.534	47.919	56.945	65.37	49.456	95.827	52.44
0.9166	94.534	47.919	56.945	65.37	49.45	95.83	52.44

APPENDIX U
Step-Rate Pumping Test Raw Groundwater Elevation Data
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

0.9333	94.537	47.919	56.945	65.37	49.45	95.827	52.44
0.95	94.537	47.919	56.945	65.37	49.443	95.827	52.44
0.9666	94.534	47.919	56.945	65.37	49.437	95.827	52.44
0.9833	94.534	47.919	56.945	65.37	49.437	95.827	52.44
1	94.534	47.919	56.945	65.37	49.43	95.827	52.44
1.2	94.537	47.922	56.948	65.37	49.399	95.83	52.44
1.4	94.537	47.922	56.948	65.37	49.367	95.83	52.44
1.6	94.537	47.922	56.951	65.37	49.342	95.83	52.446
1.8	94.537	47.922	56.951	65.37	49.316	95.83	52.446
2	94.537	47.922	56.954	65.37	49.215	95.83	52.446
2.2	94.537	47.922	56.954	65.37	48.987	95.83	52.446
2.4	94.537	47.922	56.958	65.37	48.772	95.83	52.446
2.6	94.537	47.926	56.958	65.37	48.721	95.83	52.446
2.8	94.537	47.926	56.961	65.37	48.354	95.83	52.446
3	94.537	47.926	56.961	65.37	48.164	95.83	52.446
3.2	94.537	47.926	56.961	65.37	47.974	95.83	52.446
3.4	94.537	47.929	56.961	65.37	47.79	95.83	52.453
3.6	94.537	47.929	56.964	65.37	47.632	95.83	52.453
3.8	94.537	47.929	56.97	65.37	47.474	95.833	52.453
4	94.537	47.929	56.97	65.37	47.347	95.83	52.453
4.2	94.541	47.926	56.97	65.37	47.239	95.83	52.453
4.4	94.537	47.926	56.97	65.37	47.17	95.83	52.453
4.6	94.537	47.926	56.97	65.37	47.132	95.83	52.446
4.8	94.537	47.926	56.973	65.37	47.119	95.83	52.453
5	94.537	47.926	56.973	65.37	47.1	95.83	52.446
5.2	94.537	47.926	56.973	65.37	47.106	95.83	52.446
5.4	94.537	47.926	56.973	65.37	47.138	95.83	52.446
5.6	94.537	47.926	56.976	65.37	47.132	95.833	52.453
5.8	94.537	47.926	56.976	65.37	47.151	95.833	52.453
6	94.537	47.926	56.976	65.37	47.176	95.83	52.453
6.2	94.537	47.926	56.976	65.37	47.087	95.83	52.453
6.4	94.537	47.926	56.979	65.37	46.885	95.833	52.453
6.6	94.537	47.926	56.979	65.37	46.676	95.833	52.453
6.8	94.541	47.929	56.979	65.37	46.473	95.83	52.453
7	94.537	47.926	56.979	65.37	46.277	95.83	52.453
7.2	94.537	47.926	56.983	65.37	46.144	95.83	52.453
7.4	94.537	47.929	56.983	65.37	46.195	95.83	52.453
7.6	94.537	47.929	56.983	65.37	46.081	95.833	52.453
7.8	94.537	47.929	56.983	65.37	45.942	95.833	52.453
8	94.537	47.929	56.986	65.37	45.802	95.83	52.453
8.2	94.537	47.929	56.986	65.37	45.663	95.83	52.453
8.4	94.537	47.929	56.989	65.37	45.53	95.833	52.453
8.6	94.537	47.929	56.989	65.37	45.404	95.833	52.453
8.8	94.537	47.929	56.989	65.37	45.328	95.833	52.453
9	94.537	47.929	56.989	65.37	45.315	95.833	52.453
9.2	94.537	47.932	56.989	65.37	45.315	95.83	52.453
9.4	94.537	47.932	56.992	65.37	45.315	95.83	52.453
9.6	94.537	47.932	56.995	65.37	45.315	95.833	52.459
9.8	94.537	47.932	56.995	65.37	45.315	95.833	52.459
10	94.537	47.919	56.995	65.37	44.936	95.83	52.465
12	94.537	47.926	57.008	65.37	44.518	95.833	52.472
14	94.537	47.926	57.017	65.37	44.17	95.833	52.465
16	94.537	47.926	57.026	65.37	43.841	95.833	52.472
18	94.537	47.929	57.036	65.37	43.531	95.836	52.472
20	94.537	47.926	57.045	65.37	43.234	95.836	52.472
22	94.537	47.926	57.055	65.37	46.435	95.836	52.472
24	94.537	47.926	57.061	65.37	47.847	95.836	52.472
26	94.537	47.929	57.07	65.37	48.1	95.84	52.478
28	94.534	47.929	57.076	65.37	48.335	95.84	52.478
30	94.534	47.929	57.086	65.37	48.55	95.84	52.478
32	94.534	47.932	57.089	65.37	48.746	95.84	52.478
34	94.534	47.932	57.098	65.37	48.924	95.84	52.484
36	94.537	47.935	57.108	65.37	49.095	95.843	52.484
38	94.534	47.935	57.114	65.37	49.24	95.843	52.484
40	94.534	47.938	57.12	65.37	49.38	95.843	52.484
42	94.534	47.938	57.13	65.37	49.507	95.846	52.49
44	94.534	47.938	57.133	65.37	49.621	95.846	52.49

APPENDIX U
Step-Rate Pumping Test Raw Groundwater Elevation Data
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

46	94.534	47.938	57.139	65.37	49.722	95.849	52.49
48	94.534	47.941	57.145	65.37	49.817	95.846	52.49
50	94.534	47.938	57.152	65.37	49.899	95.846	52.497
52	94.534	47.945	57.158	65.37	49.975	95.849	52.497
54	94.534	47.948	57.161	65.37	50.039	95.849	52.497
56	94.534	47.948	57.17	65.37	50.102	95.852	52.497
58	94.534	47.948	57.173	65.37	50.153	95.852	52.503
60	94.534	47.948	57.177	65.37	50.197	95.852	52.497
62	94.534	47.948	57.183	65.37	50.235	95.852	52.497
64	94.534	47.948	57.186	65.37	50.273	95.852	52.497
66	94.534	47.951	57.189	65.37	50.298	95.855	52.503
68	94.534	47.954	57.195	65.37	50.324	95.855	52.497
70	94.534	47.951	57.202	65.37	50.349	95.855	52.497
72	94.534	47.954	57.205	65.37	50.368	95.859	52.497
74	94.534	47.954	57.211	65.37	50.381	95.859	52.503
76	94.534	47.954	57.217	65.37	50.394	95.859	52.503
78	94.534	47.954	57.22	65.37	50.406	95.859	52.503
80	94.534	47.954	57.224	65.37	50.419	95.862	52.503
82	94.534	47.954	57.224	65.37	50.425	95.862	52.503
84	94.531	47.954	57.227	65.37	50.432	95.862	52.503
86	94.531	47.957	57.23	65.37	50.438	95.862	52.503
88	94.531	47.957	57.236	65.37	50.438	95.865	52.503
90	94.531	47.964	57.242	65.37	50.444	95.865	52.509
92	94.531	47.967	57.245	65.37	50.444	95.865	52.509
94	94.531	47.97	57.245	65.37	50.451	95.865	52.509
96	94.531	47.973	57.249	65.37	50.451	95.862	52.503
98	94.531	47.973	57.255	65.37	50.457	95.865	52.509
100	94.531	47.976	57.261	65.37	50.463	95.865	52.509
102	94.531	47.976	57.27	65.37	50.47	95.868	52.509
104	94.531	47.979	57.28	65.37	50.476	95.874	52.522
106	94.531	47.983	57.283	65.37	50.476	95.874	52.528
108	94.531	47.983	57.286	65.37	50.476	95.874	52.528
110	94.531	47.983	57.286	65.37	50.476	95.878	52.528
112	94.531	47.986	57.292	65.37	50.482	95.878	52.528
114	94.531	47.986	57.292	65.37	50.482	95.878	52.528
116	94.531	47.986	57.292	65.37	50.482	95.878	52.528
118	94.531	47.989	57.296	65.37	50.482	95.878	52.528
120	94.531	47.992	57.299	65.37	50.482	95.881	52.528
122	94.531	47.992	57.305	65.37	50.489	95.881	52.528
124	94.531	47.992	57.308	65.37	50.489	95.881	52.528
126	94.531	47.992	57.311	65.37	50.495	95.884	52.535
128	94.531	47.995	57.311	65.37	50.501	95.884	52.535
130	94.531	47.995	57.317	65.37	50.514	95.884	52.535
132	94.531	47.998	57.317	65.37	50.527	95.884	52.535
134	94.531	47.998	57.321	65.37	50.546	95.887	52.535
136	94.531	47.998	57.324	65.37	50.565	95.887	52.535
138	94.534	47.998	57.324	65.37	50.603	95.887	52.535
140	94.531	48.002	57.324	65.37	50.647	95.887	52.535
142	94.531	48.002	57.33	65.37	50.71	95.89	52.535
144	94.531	48.005	57.333	65.37	50.761	95.89	52.541
146	94.531	48.008	57.336	65.37	50.812	95.893	52.541
148	94.531	48.008	57.339	65.37	50.856	95.893	52.541
150	94.531	48.014	57.342	65.37	50.894	95.893	52.541
152	94.531	48.017	57.349	65.37	50.926	95.897	52.547
154	94.531	48.017	57.352	65.37	50.951	95.897	52.547
156	94.534	48.021	57.352	65.37	50.964	95.9	52.547
158	94.531	48.021	57.352	65.37	50.97	95.897	52.547
160	94.528	48.021	57.355	65.37	50.977	95.9	52.553

Test 11, Step 0 MW-29D Pump test (1.9 gpm)

Start: 12/10/99 14:11 Stop: 12/10/99 15:17

Elapsed Time	MW28	MW28D	MW29D	MW29	MW30D	MW34	MW34D
0	94.525	48.04	57.383	65.37	50.945	95.906	52.547
0.0083	94.528	48.04	57.342	65.37	50.945	95.906	52.547
0.0166	94.528	48.04	57.317	65.37	50.945	95.903	52.547
0.025	94.528	48.04	57.367	65.37	50.945	95.903	52.547
0.0333	94.525	48.04	57.352	65.37	50.945	95.903	52.547

APPENDIX U
Step-Rate Pumping Test Raw Groundwater Elevation Data
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

0.0416	94.525	48.04	57.402	65.37	50.945	95.903	52.541
0.05	94.525	48.04	57.361	65.37	50.945	95.903	52.541
0.0583	94.525	48.04	57.358	65.37	50.945	95.906	52.541
0.0666	94.525	48.04	57.33	65.37	50.945	95.903	52.541
0.075	94.525	48.04	57.349	65.37	50.945	95.903	52.541
0.0833	94.525	48.04	57.396	65.37	50.945	95.903	52.541
0.0916	94.525	48.04	57.364	65.37	50.945	95.903	52.541
0.1	94.525	48.04	57.361	65.37	50.945	95.903	52.541
0.1083	94.525	48.04	57.342	65.37	50.945	95.903	52.547
0.1166	94.525	48.04	57.346	65.37	50.945	95.903	52.541
0.125	94.525	48.04	57.377	65.37	50.945	95.903	52.541
0.1333	94.525	48.04	57.377	65.37	50.945	95.903	52.541
0.1416	94.525	48.04	57.355	65.37	50.945	95.903	52.541
0.15	94.525	48.04	57.342	65.37	50.945	95.903	52.541
0.1583	94.525	48.04	57.305	65.37	50.945	95.903	52.541
0.1666	94.525	48.04	57.367	65.37	50.945	95.906	52.541
0.175	94.525	48.04	57.371	65.37	50.945	95.903	52.541
0.1833	94.528	48.04	57.311	65.37	50.945	95.903	52.541
0.1916	94.525	48.04	57.33	65.37	50.945	95.903	52.541
0.2	94.525	48.04	57.383	65.37	50.945	95.903	52.541
0.2083	94.525	48.04	57.339	65.37	50.945	95.903	52.541
0.2166	94.525	48.04	57.361	65.37	50.945	95.903	52.541
0.225	94.525	48.04	57.317	65.37	50.945	95.903	52.541
0.2333	94.525	48.04	57.371	65.37	50.945	95.903	52.541
0.2416	94.525	48.04	57.349	65.37	50.945	95.903	52.541
0.25	94.525	48.043	57.374	65.37	50.945	95.903	52.541
0.2583	94.525	48.04	57.352	65.37	50.945	95.906	52.541
0.2666	94.525	48.04	57.342	65.37	50.945	95.903	52.541
0.275	94.528	48.043	57.361	65.37	50.945	95.903	52.541
0.2833	94.525	48.04	57.364	65.37	50.945	95.903	52.541
0.2916	94.525	48.04	57.336	65.37	50.945	95.903	52.541
0.3	94.528	48.04	57.361	65.37	50.945	95.903	52.541
0.3083	94.525	48.04	57.374	65.37	50.945	95.906	52.541
0.3166	94.525	48.04	57.411	65.37	50.945	95.903	52.541
0.325	94.525	48.04	57.377	65.37	50.945	95.903	52.541
0.3333	94.525	48.04	57.371	65.37	50.945	95.903	52.541
0.35	94.525	48.04	57.367	65.37	50.945	95.903	52.547
0.3666	94.528	48.04	57.333	65.37	50.945	95.903	52.541
0.3833	94.525	48.043	57.355	65.37	50.945	95.903	52.547
0.4	94.525	48.04	57.358	65.37	50.945	95.906	52.547
0.4166	94.528	48.04	57.317	65.37	50.945	95.903	52.541
0.4333	94.525	48.04	57.346	65.37	50.939	95.906	52.547
0.45	94.525	48.04	57.367	65.37	50.945	95.906	52.547
0.4666	94.525	48.04	57.364	65.37	50.945	95.903	52.547
0.4833	94.525	48.04	57.324	65.37	50.945	95.903	52.541
0.5	94.525	48.043	57.336	65.37	50.945	95.903	52.541
0.5166	94.525	48.04	57.33	65.37	50.945	95.903	52.547
0.5333	94.528	48.04	57.396	65.37	50.945	95.903	52.547
0.55	94.528	48.04	57.339	65.37	50.945	95.903	52.547
0.5666	94.528	48.04	57.361	65.37	50.939	95.906	52.547
0.5833	94.525	48.043	57.33	65.37	50.945	95.903	52.547
0.6	94.525	48.043	57.346	65.37	50.939	95.903	52.547
0.6166	94.525	48.04	57.358	65.37	50.945	95.906	52.541
0.6333	94.525	48.043	57.339	65.37	50.939	95.903	52.547
0.65	94.528	48.043	57.342	65.37	50.945	95.906	52.547
0.6666	94.525	48.043	57.358	65.37	50.945	95.906	52.541
0.6833	94.528	48.04	57.346	65.37	50.939	95.903	52.547
0.7	94.528	48.04	57.374	65.37	50.945	95.906	52.547
0.7166	94.525	48.04	57.361	65.37	50.939	95.903	52.541
0.7333	94.528	48.04	57.371	65.37	50.939	95.903	52.541
0.75	94.528	48.04	57.292	65.37	50.945	95.903	52.541
0.7666	94.528	48.04	57.333	65.37	50.939	95.903	52.547
0.7833	94.528	48.04	57.352	65.37	50.945	95.903	52.547
0.8	94.528	48.04	57.38	65.37	50.945	95.906	52.547
0.8166	94.525	48.04	57.327	65.37	50.945	95.906	52.547
0.8333	94.528	48.04	57.324	65.37	50.939	95.906	52.547
0.85	94.525	48.04	57.371	65.37	50.939	95.906	52.547

APPENDIX U
Step-Rate Pumping Test Raw Groundwater Elevation Data
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

0.8666	94.528	48.04	57.352	65.37	50.939	95.906	52.547
0.8833	94.528	48.04	57.386	65.37	50.945	95.906	52.547
0.9	94.528	48.04	57.364	65.37	50.939	95.906	52.541
0.9166	94.525	48.04	57.374	65.37	50.939	95.903	52.547
0.9333	94.525	48.04	57.361	65.37	50.945	95.906	52.541
0.95	94.525	48.04	57.374	65.37	50.939	95.906	52.547
0.9666	94.528	48.04	57.349	65.37	50.945	95.906	52.547
0.9833	94.525	48.04	57.364	65.37	50.939	95.906	52.547
1	94.525	48.04	57.299	65.37	50.939	95.906	52.547
1.2	94.528	48.043	56.983	65.37	50.939	95.906	52.547
1.4	94.528	48.04	56.729	65.37	50.939	95.903	52.547
1.6	94.528	48.043	56.479	65.37	50.939	95.906	52.547
1.8	94.528	48.043	56.225	65.37	50.939	95.906	52.547
2	94.528	48.043	56.053	65.37	50.939	95.906	52.547
2.2	94.528	48.043	56.019	65.37	50.939	95.906	52.553
2.4	94.531	48.043	55.944	65.37	50.939	95.906	52.553
2.6	94.528	48.043	55.872	65.37	50.932	95.906	52.547
2.8	94.528	48.043	55.809	65.37	50.932	95.906	52.553
3	94.531	48.043	55.787	65.37	50.939	95.909	52.553
3.2	94.528	48.043	55.703	65.37	50.932	95.906	52.553
3.4	94.528	48.043	55.653	65.37	50.932	95.909	52.547
3.6	94.528	48.043	55.615	65.37	50.932	95.909	52.547
3.8	94.528	48.043	55.578	65.37	50.932	95.906	52.553
4	94.531	48.043	55.568	65.37	50.932	95.906	52.547
4.2	94.531	48.043	55.49	65.37	50.932	95.906	52.553
4.4	94.531	48.043	55.427	65.37	50.932	95.906	52.547
4.6	94.531	48.043	55.362	65.37	50.932	95.909	52.553
4.8	94.531	48.043	55.377	65.37	50.932	95.906	52.547
5	94.528	48.043	55.315	65.37	50.926	95.909	52.547
5.2	94.531	48.043	55.258	65.37	50.926	95.909	52.553
5.4	94.531	48.046	55.28	65.37	50.926	95.906	52.553
5.6	94.531	48.043	55.199	65.37	50.932	95.909	52.553
5.8	94.531	48.046	55.19	65.37	50.926	95.909	52.553
6	94.531	48.046	55.18	65.37	50.926	95.909	52.553
6.2	94.531	48.043	55.152	65.37	50.926	95.909	52.553
6.4	94.531	48.046	55.121	65.37	50.926	95.906	52.553
6.6	94.531	48.046	55.09	65.37	50.926	95.906	52.553
6.8	94.531	48.043	55.064	65.37	50.926	95.909	52.553
7	94.531	48.046	55.027	65.37	50.926	95.909	52.553
7.2	94.531	48.046	54.989	65.37	50.92	95.909	52.553
7.4	94.531	48.046	55.008	65.37	50.92	95.909	52.553
7.6	94.531	48.046	54.964	65.37	50.92	95.909	52.553
7.8	94.531	48.049	54.921	65.37	50.92	95.909	52.553
8	94.531	48.049	54.933	65.37	50.92	95.909	52.553
8.2	94.531	48.049	54.877	65.37	50.92	95.909	52.553
8.4	94.531	48.049	54.861	65.37	50.92	95.909	52.553
8.6	94.531	48.049	54.805	65.37	50.926	95.909	52.553
8.8	94.531	48.049	54.805	65.37	50.926	95.909	52.553
9	94.531	48.049	54.777	65.37	50.926	95.909	52.553
9.2	94.531	48.049	54.777	65.37	50.926	95.909	52.553
9.4	94.531	48.049	54.717	65.37	50.92	95.909	52.553
9.6	94.531	48.046	54.767	65.37	50.92	95.909	52.553
9.8	94.531	48.049	54.698	65.37	50.92	95.909	52.547
10	94.531	48.036	54.692	65.37	50.92	95.912	52.56
12	94.531	48.04	54.514	65.37	50.913	95.912	52.56
14	94.534	48.046	54.376	65.37	50.913	95.912	52.553
16	94.537	48.049	54.267	65.37	50.913	95.916	52.553
18	94.534	48.052	54.166	65.37	50.92	95.916	52.553
20	94.534	48.059	54.06	65.37	50.926	95.912	52.56
22	94.537	48.059	53.957	65.37	50.932	95.912	52.553
24	94.541	48.062	53.91	65.37	50.939	95.916	52.553
26	94.541	48.068	53.8	65.37	50.951	95.916	52.553
28	94.544	48.071	53.779	65.37	50.964	95.919	52.547
30	94.547	48.071	53.7	65.37	50.977	95.919	52.547
32	94.547	48.074	53.663	65.37	50.989	95.922	52.547
34	94.547	48.074	53.585	65.37	51.002	95.922	52.547
36	94.55	48.078	53.522	65.37	51.015	95.925	52.547

APPENDIX U
Step-Rate Pumping Test Raw Groundwater Elevation Data
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

38	94.553	48.081	53.488	65.37	51.021	95.925	52.541
40	94.556	48.087	53.466	65.37	51.027	95.925	52.547
42	94.566	48.087	53.406	65.37	51.034	95.928	52.547
44	94.566	48.084	53.362	65.37	51.034	95.931	52.541
46	94.569	48.081	53.344	65.37	51.04	95.928	52.541
48	94.569	48.078	53.309	65.37	51.04	95.928	52.535
50	94.572	48.074	53.247	65.37	51.04	95.931	52.535
52	94.572	48.074	53.222	65.37	51.027	95.931	52.522
54	94.578	48.074	53.159	65.37	51.027	95.935	52.522
56	94.582	48.074	53.121	65.37	51.021	95.935	52.522
58	94.582	48.078	53.137	65.37	51.015	95.935	52.516
60	94.588	48.074	53.096	65.37	51.008	95.938	52.516
62	94.588	48.071	53.084	65.37	51.002	95.938	52.509
64	94.591	48.071	53.071	65.37	50.996	95.941	52.509
66	94.594	48.071	52.993	65.37	50.996	95.941	52.503

Test 11, Step 1 MW-29D Recovery

Start: 12/10/99 15:17 Stop: 12/10/99 15:20

Elapsed Time	MW28	MW28D	MW29D	MW29	MW30D	MW34	MW34D
0	94.594	48.081	53.031	65.37	50.996	95.938	52.503
0.0083	94.594	48.081	53.043	65.37	50.989	95.938	52.497
0.0166	94.591	48.081	53.053	65.37	50.996	95.938	52.497
0.025	94.594	48.081	53.065	65.37	50.996	95.938	52.497
0.0333	94.594	48.081	53.084	65.37	50.989	95.938	52.497
0.0416	94.594	48.081	53.087	65.37	50.989	95.938	52.497
0.05	94.594	48.081	53.096	65.37	50.996	95.938	52.497
0.0583	94.591	48.081	53.106	65.37	50.989	95.938	52.49
0.0666	94.594	48.081	53.118	65.37	50.996	95.941	52.497
0.075	94.594	48.081	53.128	65.37	50.989	95.938	52.49
0.0833	94.591	48.081	53.137	65.37	50.989	95.938	52.497
0.0916	94.591	48.081	53.147	65.37	50.989	95.938	52.497
0.1	94.594	48.081	53.156	65.37	50.996	95.938	52.497
0.1083	94.591	48.081	53.168	65.37	50.996	95.938	52.497
0.1166	94.594	48.081	53.178	65.37	50.989	95.938	52.497
0.125	94.591	48.081	53.187	65.37	50.996	95.938	52.497
0.1333	94.591	48.081	53.197	65.37	50.996	95.938	52.497
0.1416	94.594	48.081	53.206	65.37	50.996	95.938	52.497
0.15	94.591	48.081	53.215	65.37	50.996	95.938	52.497
0.1583	94.591	48.081	53.225	65.37	50.989	95.941	52.49
0.1666	94.597	48.081	53.237	65.37	50.989	95.938	52.49
0.175	94.591	48.081	53.244	65.37	50.996	95.938	52.497
0.1833	94.591	48.081	53.253	65.37	50.989	95.941	52.49
0.1916	94.591	48.081	53.265	65.37	50.996	95.938	52.497
0.2	94.591	48.081	53.272	65.37	50.989	95.938	52.497
0.2083	94.591	48.081	53.281	65.37	50.996	95.938	52.497
0.2166	94.594	48.081	53.29	65.37	50.989	95.941	52.497
0.225	94.591	48.081	53.297	65.37	50.989	95.941	52.497
0.2333	94.594	48.081	53.309	65.37	50.989	95.941	52.497
0.2416	94.594	48.081	53.315	65.37	50.989	95.941	52.497
0.25	94.591	48.081	53.325	65.37	50.989	95.941	52.497
0.2583	94.594	48.081	53.334	65.37	50.989	95.938	52.49
0.2666	94.591	48.081	53.34	65.37	50.989	95.938	52.497
0.275	94.597	48.081	53.353	65.37	50.989	95.938	52.49
0.2833	94.594	48.081	53.359	65.37	50.989	95.938	52.497
0.2916	94.591	48.081	53.369	65.37	50.989	95.938	52.49
0.3	94.594	48.081	53.375	65.37	50.989	95.941	52.49
0.3083	94.591	48.081	53.387	65.37	50.989	95.941	52.497
0.3166	94.591	48.081	53.397	65.37	50.989	95.941	52.497
0.325	94.594	48.081	53.403	65.37	50.989	95.941	52.497
0.3333	94.591	48.081	53.4	65.37	50.989	95.941	52.49
0.35	94.594	48.081	53.422	65.37	50.989	95.941	52.497
0.3666	94.591	48.081	53.437	65.37	50.989	95.941	52.497
0.3833	94.594	48.081	53.453	65.37	50.989	95.941	52.497
0.4	94.594	48.081	53.469	65.37	50.989	95.941	52.497
0.4166	94.591	48.081	53.484	65.37	50.989	95.941	52.497
0.4333	94.591	48.081	53.5	65.37	50.989	95.938	52.497
0.45	94.591	48.078	53.513	65.37	50.989	95.941	52.497

APPENDIX U
Step-Rate Pumping Test Raw Groundwater Elevation Data
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

0.4666	94.594	48.081	53.525	65.37	50.989	95.941	52.497
0.4833	94.591	48.081	53.541	65.37	50.989	95.938	52.497
0.5	94.594	48.081	53.556	65.37	50.989	95.938	52.497
0.5166	94.591	48.081	53.569	65.37	50.989	95.938	52.497
0.5333	94.594	48.081	53.581	65.37	50.989	95.938	52.497
0.55	94.591	48.081	53.597	65.37	50.989	95.938	52.497
0.5666	94.594	48.078	53.61	65.37	50.989	95.941	52.497
0.5833	94.591	48.078	53.622	65.37	50.989	95.938	52.49
0.6	94.591	48.081	53.635	65.37	50.989	95.938	52.497
0.6166	94.591	48.081	53.647	65.37	50.989	95.938	52.497
0.6333	94.591	48.081	53.66	65.37	50.989	95.941	52.497
0.65	94.591	48.081	53.675	65.37	50.989	95.941	52.49
0.6666	94.597	48.081	53.685	65.37	50.989	95.938	52.497
0.6833	94.591	48.081	53.697	65.37	50.989	95.938	52.497
0.7	94.591	48.081	53.71	65.37	50.989	95.941	52.497
0.7166	94.591	48.078	53.722	65.37	50.983	95.941	52.497
0.7333	94.591	48.081	53.735	65.37	50.989	95.941	52.497
0.75	94.591	48.081	53.744	65.37	50.989	95.938	52.49
0.7666	94.591	48.081	53.757	65.37	50.989	95.941	52.497
0.7833	94.594	48.081	53.769	65.37	50.989	95.941	52.497
0.8	94.591	48.081	53.779	65.37	50.989	95.938	52.497
0.8166	94.594	48.081	53.791	65.37	50.989	95.938	52.497
0.8333	94.594	48.081	53.8	65.37	50.989	95.941	52.497
0.85	94.594	48.081	53.813	65.37	50.989	95.938	52.497
0.8666	94.594	48.081	53.825	65.37	50.989	95.938	52.497
0.8833	94.591	48.081	53.835	65.37	50.989	95.938	52.497
0.9	94.594	48.081	53.847	65.37	50.989	95.941	52.497
0.9166	94.594	48.081	53.857	65.37	50.989	95.941	52.497
0.9333	94.594	48.081	53.866	65.37	50.989	95.941	52.497
0.95	94.594	48.081	53.879	65.37	50.989	95.941	52.49
0.9666	94.594	48.081	53.888	65.37	50.989	95.941	52.497
0.9833	94.594	48.081	53.897	65.37	50.989	95.941	52.497
1	94.594	48.081	53.91	65.37	50.989	95.941	52.497
1.2	94.594	48.081	54.029	65.37	50.989	95.941	52.497
1.4	94.594	48.081	54.132	65.37	50.989	95.938	52.497
1.6	94.597	48.081	54.223	65.37	50.989	95.941	52.503
1.8	94.6	48.081	54.307	65.37	50.989	95.941	52.497
2	94.597	48.078	54.386	65.37	50.989	95.941	52.497
2.2	94.597	48.078	54.461	65.37	50.983	95.941	52.497
2.4	94.597	48.081	54.52	65.37	50.983	95.941	52.497
2.6	94.597	48.081	54.583	65.37	50.983	95.941	52.497
2.8	94.597	48.081	54.642	65.37	50.989	95.941	52.497
3	94.597	48.081	54.695	65.37	50.983	95.941	52.497
3.2	94.597	48.078	54.745	65.37	50.983	95.941	52.497
3.4	94.597	48.081	54.795	65.37	50.983	95.941	52.497
3.6	94.597	48.081	54.839	65.37	50.983	95.941	52.497

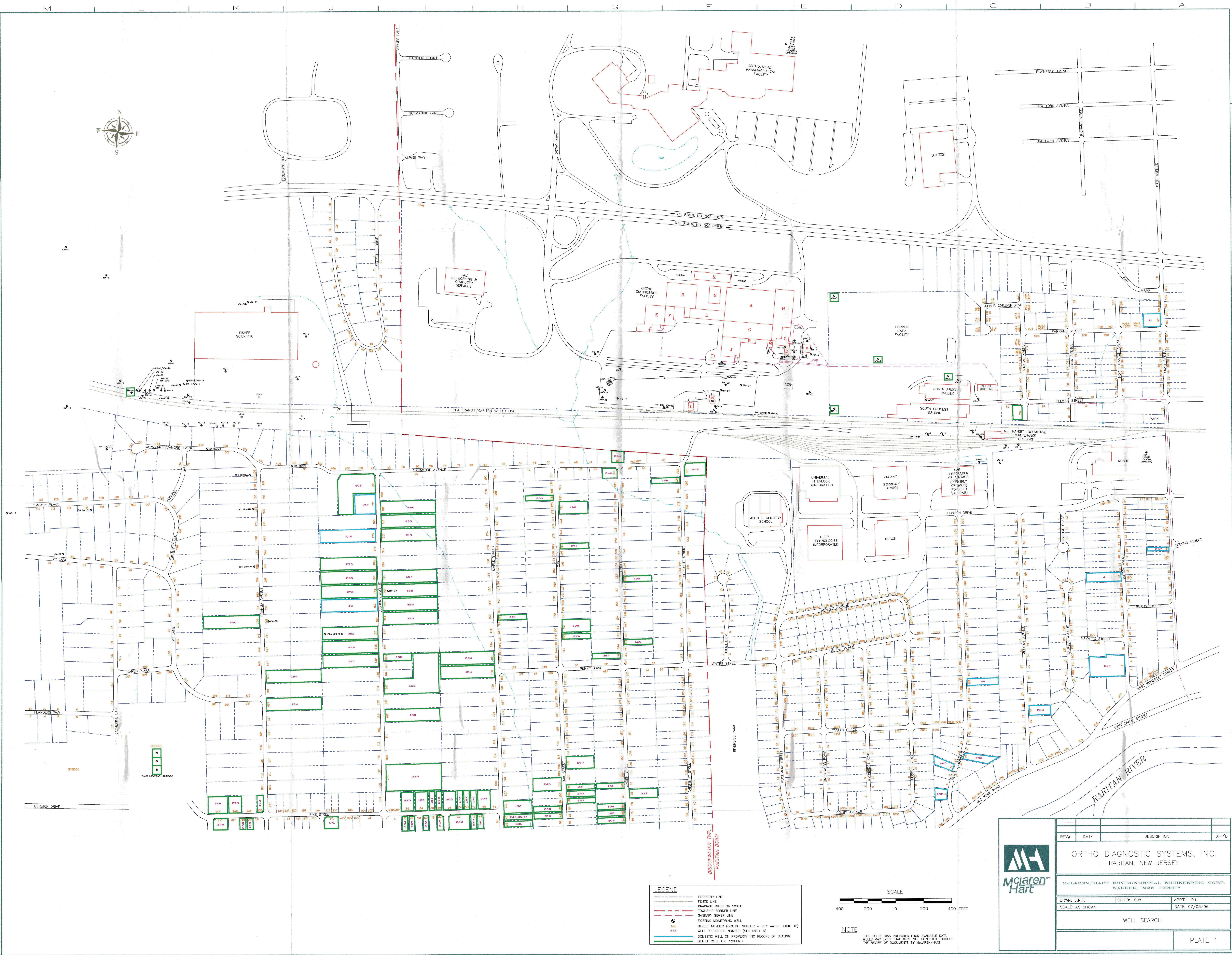
APPENDIX V

Well Search Information

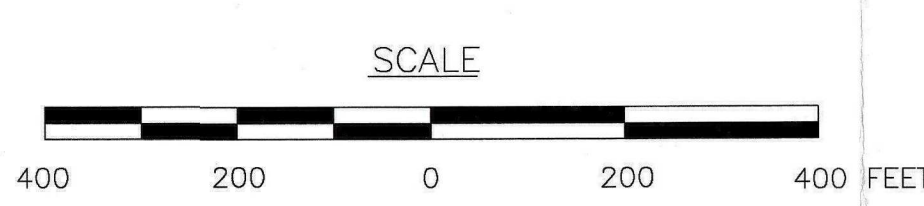
- V-1 McLaren/Hart Well Search Drawing (Plate 1)
- V-2 Wells Identified on McLaren/Hart's Well Search Drawing
- V-3 Well Records Identified During Langan's 2000 Well Search
(Within Half-Mile Radius)

APPENDIX V-1

McLaren/Hart Well Search Drawing (Plate 1)



LEGEND	
	PROPERTY LINE
	FENCE LINE
	DRAINAGE DITCH OR SWALE
	TOWNSHIP BORDER LINE
	SANITARY SEWER LINE
	EXISTING MONITORING WELL
	STREET NUMBER (ORANGE NUMBER = CITY WATER HOOD-UP)
	WELL REFERENCE NUMBER (SEE TABLE A)
	DOMESTIC WELL ON PROPERTY (NO RECORD OF SEALING)
	SEALED WELL ON PROPERTY



NOTE
THIS FIGURE WAS PREPARED FROM AVAILABLE DATA.
WELLS MAY EXIST THAT WERE NOT IDENTIFIED THROUGH
THE REVIEW OF DOCUMENTS BY MCLAREN/HART.



REV#	DATE	DESCRIPTION	APP'D
ORTHO DIAGNOSTIC SYSTEMS, INC. RARITAN, NEW JERSEY			
McLAREN/HART ENVIRONMENTAL ENGINEERING CORP. WARREN, NEW JERSEY			
DRWN: J.R.F.	CHK'D: C.W.	APP'D: R.L.	
SCALE: AS SHOWN		DATE: 07/03/96	
WELL SEARCH			
		PLATE 1	

APPENDIX V-2

Wells Identified on McLaren/Hart's Well Search Drawing

Table V-1

Wells Identified on McLaren/Hart's 1996 Well Search Map
Ortho-Clinical Diagnostics
Raritan, New Jersey

Ref. Num.	Current Status	Owner of Record	Well Location	Township	Block Number	Lot Number	Date of Installation	Well Depth (ft.)	Usage
3	-	Rufus Bennett	178 Leghorn Ave.	R	-	-	8/15/1958	135	D
4	-	Angelo Crisei	34 Gaston Ave.	R	79	13	5/30/1981	150	D
11	-	Michael Heagney	97 First Ave.	R	33	10	3/29/1985	125	D
18	-	Fred Mancini	178 Leghorn Ave.	-	-	-	8/3/1951	166	D
22	-	Ortho Pharmaceutical Corp.	Route 202	B	-	-	12/12/1949	325	D
30	-	Jack Pontarollo	97 Maple St.	B	2231	104	4/1/1984	100	D
31	-	Jack Pontarollo	97 Maple St.	B	2231	102	4/1/1984	75	D
39	-	Stanley Tomalesky	132 Weiss Terr.	R	-	-	8/15/1991	86	D
42	-	Dennis & Jean Welsh	160 Leghorn Ave.	B	-	-	4/7/1972	165	D
156	Sealed	S & M Approvato	101 Maple St.	B	2231	92	12/30/1986	83	D
158	Sealed	Atchinson	125 Leghorn Ave.	B	2221	34	7/17/1984	-	D
159	Sealed	Bacher	145 Linden St.	B	-	-	8/15/1984	-	D
160	Sealed	Linda Bajza	139 Leghorn Ave.	B	-	-	9/20/1989	93	D
161	Sealed	E & R Balliro	96 Litiden St.	B	2232	97	3/20/1987	134	D
162	Sealed	A & Y Barberio	728 Pine St.	B	2221	56	3/20/1987	34	D
163	Sealed	Barnaby	130 Pine St.	B	-	-	8/15/1984	-	D
164	Sealed	Bayles	161 Leghorn Ave.	B	-	-	7/26/1984	-	D
165	Sealed	Jeanette Beamesderfer	151 Leghorn Ave.	B	2221	20	9/27/1995	135	D
166	Sealed	Boemio	144 Pine St.	B	-	-	8/15/1984	-	D
167	Sealed	Boncavage	139 Brahman St.	B	-	-	8/15/1984	-	D
168	Sealed	John Brickman	190 Chestnut St.	B	2224	3	9/19/1995	155	D
171	Sealed	Campbell	111 Pine St.	B	-	-	9/27/1984	-	D
173	Sealed	M & C Chang	74 Pine St.	B	2221	55	12/30/1986	84	D
178	Sealed	W. Cornine	72 Pine St.	B	2221	57	12/30/1986	85	D
182	Sealed	M. Davis	35 Ardmaer Dr.	B	-	-	3/20/1987	34	D
183	Sealed	A. De Mattina	88 Linden St.	B	2232	105	12/30/1986	118	D
184	Sealed	Joseph Dierschel	129 Bralmania Ave.	B	2229	32	9/25/1993	82	D
186	Sealed	Mary Fabrici	119 Leghorn Ave.	B	2221	38	9/21/1995	145	D
190	Sealed	Frazee	135 Pine St.	B	-	-	1/17/1985	2	-
192	Sealed	J & C Gamatko	84 Pine St.	B	2221	50	12/30/86	73	D
194	Sealed	Gieda	90 Linden St.	B	-	-	10/22/1984	-	-
195	Sealed	Bill Giralidi	163 Linden St.	B	2224	30	11/27/1992	220	D
196	Sealed	Giranda	145 Oak St.	B	-	-	8/6/1984	-	-
197	Sealed	Glen	142 Leghorn Ave.	B	2220	25	7/14/1984	-	D
199	Sealed	Judy Hanlon	181 Oak St.	B	2223	12	9/22/1995	141	D
202	Sealed	W. Horton	66 Pine St.	B	2221	58	31776	90	D
203	Sealed	T. Houdak	86 Linden St.	B	2232	107	31776	78	D

Table V-1

Wells Identified on McLaren/Hart's 1996 Well Search Map
Ortho-Clinical Diagnostics
Raritan, New Jersey

Ref. Num.	Current Status	Owner of Record	Well Location	Township	Block Number	Lot Number	Date of Installation	Well Depth (ft.)	Usage
205	Sealed	Hoffman	186 Leghorn Ave.	B	-	-	7/26/1984	-	-
206	Sealed	Jankowski	96 Oak St.	B	-	-	7/26/1984	-	-
210	Sealed	George Kozlowski	145 Leghorn Ave.	B	2221	24	9/27/1995	105	D
211	Sealed	W & M L'Hotta	82 Pine St.	B	2221	51	12/30/1986	90	D
212	Sealed	Lancuki	95 Linden St.	B	-	-	10/22/1984	-	-
213	Sealed	Langon	175 Leghorn Ave.	B	-	-	7/18/1984	-	D
216	Sealed	Leibold	94 Oak St.	B	-	-	10/22/1984	-	-
220	Sealed	James Mantz	150 Brahina Ave.	B	2219	21	8/17/1994	150	D
221	Sealed	Manzon	153 Maple St.	B	2222	40	8/6/1984	-	-
222	Sealed	Robert Marino	149 Leghorn Ave.	B	2221	22	9/27/1995	100	D
223	Sealed	Mathews	22 Ardmore Ave.	B	2233	108	7/18/1984	-	D
225	Sealed	Mazur	166 Leghorn Ave.	B	2220	13	9/10/1984	-	-
226	Sealed	Mazzone & McNamara	107 Leghorn Ave.	B	2221	44	9/20/1995	98	D
227	Sealed	Tom McGarry	97 Oak St.	B	2232	96	11/10/1995	152	D
231	Sealed	Clair Michael	101 Oak St.	B	2232	90	9/20/1995	85	D
234	Sealed	R & M Nelson	91 Pine St.	B	2229	85	12/30/1986	113	D
235	Sealed	O'Keefe	177 Leghorn Ave.	B	-	-	8/15/1984	-	-
239	Sealed	Parker	137 Pine St.	B	-	-	12/27/1984	-	-
240	Sealed	I & L Pontarollo	97 Maple St.	B	2231	96	3/20/1987	34	D
242	Sealed	David Powell	189 Chestnut St.	B	2225	2	9/19/1995	200	D
243	Sealed	Pruss	102 Oak St.	B	-	-	7/26/1984	-	-
244	Sealed	Remelgado	26 Sycamore St.	B	-	-	10/10/1984	-	-
247	Sealed	J & E Rosania	79 Pine St.	B	2229	90	12/30/1986	93	D
248	Sealed	Tony Roye	146 Leghorn Ave.	B	2220	23	9/22/1995	125	D
249	Sealed	Ruckman	192 Linden St.	B	2223	1	8/15/1984	-	D
252	Sealed	Salko	1513 Leghorn Ave.	B	-	-	7/18/1984	-	D
254	Sealed	Sapp	142 Linden St.	B	-	-	10/10/1984	-	-
256	Sealed	H & A Schwalbach	76 Pine St.	B	2221	53	12/30/1986	136	D
257	Sealed	T. Schwartz	87 Pine St.	B	2229	86	12/30/1986	-	D
258	Sealed	A & R Searing	80 Pine St.	B	2221	52	12/30/1986	97	D
260	Sealed	Sheperd	182 Oak St.	B	2222	22	7/26/1984	-	-
261	Sealed	R & J Shotwell	67 Pine St.	B	2230	85	12/30/1986	121	D
263	Sealed	F & P Sollazzo	71 Pine St.	B	2230	83	12/30/1986	96	D
266	Sealed	Stine	181 Leghorn Ave.	B	-	-	7/18/1984	-	D
271	Sealed	Voll	169 Oak St.	B	-	-	7/26/1984	-	D
272	Sealed	John Vreeland	164 Leghorn Ave.	B	2220	15	9/26/1995	175	D
273	Sealed	Wagner	140 Pine St.	B	-	-	10/10/1984	-	D

Table V-1

Wells Identified on McLaren/Hart's 1996 Well Search Map
Ortho-Clinical Diagnostics
Raritan, New Jersey

Ref. Num.	Current Status	Owner of Record	Well Location	Township	Block Number	Lot Number	Date of Installation	Well Depth (ft.)	Usage
275	Sealed	Edward Wenglenski	141 Pine St	B	2226	92	9/26/1995	56	D
277	Sealed	Wierzbicki	109 Oak St.	B	-	-	9/27/1984	-	D
278	Sealed	Winchok	168 Leghorn Ave.	B	-	-	9/27/1984	-	D
279	Sealed	Winn	143 Oak St.	B	-	-	7/26/1984	-	D
280	Sealed	C&F Yeager	88 Pine St.	B	-	-	12/30/1986	89	D
281	Sealed	J&C Young	95 Maple St.	B	-	-	3/20/1987	84	D
282	Sealed	J. Zakzewski	75 Pine St.	B	-	-	12/30/1986	88	D
283	Sealed	Pat Barbieri	20 Meehan Ave.	R	44A	79	10/13/1979	150	D
284	Sealed	J. Russo	6 Gaston Ave.	B	-	-	-	-	D
285	Sealed	Riccioni	11 Weiss Terr.	B	-	-	-	-	D
286	Sealed	Rose Marasia	14 Weiss Terr.	B	-	-	-	-	D
287	Sealed	Salvatore Gagliardi	37 First St.	B	-	-	-	-	D
288	Sealed	Frank Sacino	5 Weiss Terr.	B	-	-	-	-	D

- Information not available

Township

B Bridgewater Township
R Raritan Borough

Usage

AC Air Conditioning
B Boring
D Domestic
I Industrial
M Monitoring
O Observation



APPENDIX V-3

Well Records Identified During Langan's 2000 Well Search
- (Within Half-Mile Radius)



DWR-138 M
11/98

New Jersey Department of Environmental Protection
Bureau of Water Allocation
MONITORING WELL RECORD

Well Permit No. 25 55653

Atlas Sheet Coordinates 25 32 449

OWNER IDENTIFICATION - Owner JOHNSON & JOHNSON

Address 1003 US HWY 202 PO BOX 650

City RARITAN State NJ Zip Code

WELL LOCATION - If not the same as owner please give address. Owner's Well No. TB-1
County SOMERSET Municipality RARITAN BORO Lot No. 4 01 Block No. 31
Address 1003 US HWY 202

DATE WELL STARTED 1/27/00

DATE WELL COMPLETED 1/27/00

TYPE OF WELL (as per Well Permit Categories) MONITORING

Regulatory Program Requiring Well Case I.D.#

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) M.T. Assoc. Tele. # 1-732-356-3400

WELL CONSTRUCTION

Total depth drilled 15.75 ft.
Well finished to 15.5 ft.

Borehole diameter:
Top 4.5 in.
Bottom 4.5 in.

Well was finished: ☒ above grade
☐ flush mounted

☒ finished above grade, casing height (stick
above land surface 2 ft.

Was steel protective casing installed?
☐ Yes ☒ No

Static water level after drilling DRY ft.

Water level was measured using M Scope.

Well was developed for N/A hours
at gpm

Method of development None

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity N/A gpm

Pump type: None

Drilling Fluid None Type of Rig Mobile B 53

Health and Safety Plan submitted? ☐ Yes ☒ No

Level of Protection used on site (circle one) None (D) C B A

I certify that I have constructed the above referenced well in
accordance with all well permit requirements and applicable
State rules and regulations.

Drilling Company HP DRILLING, INC.

Well Driller (Print) MICHAEL A. PRATT

Driller's Signature Michael Pratt

Registration No. J-1053 Date 2/2/00

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	+2"	85.5	1 1/4	P.V.C.	Sch 40
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used <u>020</u>)	5.5	15.5	1 1/4	P.V.C.	Sch 40
Blank Casings (No. Used <u></u>)					
Tail Piece					
Gravel Pack	2.5	15.75		TESSK/NOBLE #2	
Grout	0.	2.5		Neat Cement Bentonite	5 lbs.

Grouting Method Positive Displacement
Drilling Method Augers

GEOLOGIC LOG

Note each depth where water was encountered in consolidated
formations.

0-7" Top Soil

7"-3.5' Red BRN. SILT LITE. FINE SAND
TR. FINE GRAVEL.

3.5-9' Red BRN. SILT LITE. F/H SAND
& GRAVEL w/ STALE FRAG.

9-15.75' Red WEATHERED SHALE.

New Jersey Department of Environmental Protection
Bureau of Water Allocation
MONITORING WELL RECORDWell Permit No. 25 55654Atlas Sheet Coordinates 25 32 449OWNER IDENTIFICATION - Owner JOHNSON & JOHNSON
Address 1003 US HWY 202 PO BOX 650
City RARITAN State NJ Zip Code WELL LOCATION - If not the same as owner please give address. Owner's Well No. TB-2 (5)
County SOMERSET Municipality RARITAN BORO Lot No. 4.01 Block No. 31
Address 1003 US HWY 202 DATE WELL STARTED 1/27/00
DATE WELL COMPLETED 1/27/00TYPE OF WELL (as per Well Permit Categories) MONITORING
Regulatory Program Requiring Well Case I.D.# CONSULTING FIRM/FIELD SUPERVISOR (if applicable) M/T.A. Tele. # 1-732-356-34**WELL CONSTRUCTION**Total depth drilled 11.9 ft.
Well finished to 10' ft.Borehole diameter:
Top 4.5 in.
Bottom 4.5 in.Well was finished: ☒ above grade
☐ flush mountedFinished above grade, casing height (stick
above land surface 1.5 ft.Was steel protective casing installed?
☐ Yes ☒ NoStatic water level after drilling 5' ft.Water level was measured using M-ScopeWell was developed for N/A hours
at gpmMethod of development NoneWas permanent pumping equipment installed? ☐ Yes ☒ NoPump capacity N/A gpmPump type: NoneDrilling Fluid None Type of Rig Mobile B-53Health and Safety Plan submitted? ☐ Yes ☒ NoLevel of Protection used on site (circle one) None (D) C B A

I certify that I have constructed the above referenced well in
accordance with all well permit requirements and applicable
State rules and regulations.

Drilling Company HP DRILLING, INC.Well Driller (Print) Michael A. PrattDriller's Signature Michael A. PrattRegistration No. J-1053 Date 2/2/00

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	<u>1.5</u>	<u>4</u>	<u>1.75</u>	<u>P.V.C.</u>	<u>Sch 40</u>
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used <u>HACK SAW</u>)	<u>4</u>	<u>10</u>	<u>1 1/4</u>	<u>P.V.C.</u>	<u>Sch 40</u>
Blank Casings (No. Used <u>SLOT</u>)					
Tail Piece					
Gravel Pack	<u>2</u>	<u>11.9</u>		<u>Jessie Morris #2</u>	
Grout	<u>0</u>	<u>2</u>		<u>Neat Cement Bentonite</u>	<u>5</u> lbs.

Grouting Method Positive Displacement
Drilling Method AUGERS**GEOLOGIC LOG**Note each depth where water was encountered in consolidated
formations.

0-9" TOP SOIL
9'-1.3' BLK. CINDERS LITTLE F/C GRAVEL
3'-4' yellow BRN. f/m SAND LITTLE SLT TR.
FINE GRAVEL
4'-9.5' yellow BRN f/m SAND w/ LENSES OF
Red BRN SLT TR f/c GRAVEL & SAND
GRADING TO WITH INTERLOCKED LOGS
OF GRAY f/m SAND & RED BRN. SLT
9.5-11.9' Red BRN. SLT TR. FINE SAND LITTLE
FINE GRAVEL (SHALE)

WELL RECORD

Well Permit Number
25 54048Atlas Sheet Coordinates
25 32 449

OWNER LIEB. JUDY
Address 50 JONES XXXX VONES LANE
City RARITAN State NJ Zip Code _____
WELL LOCATION ADDRESS 50 JONES XXXX VONES LANE Owner's Well No. 08869
County SOMERSET Municipality RARITAN BORO Lot No. 28.01 Block No. 2
WELL USE DOMESTIC DATE WELL STARTED 5 / 14 / 99
DATE WELL COMPLETED 5 / 14 / 99

WELL CONSTRUCTION

Total Depth Drilled 240 ft.Finished Well Depth 240 ft.Borehole Diameter:
Top 10 in.
Bottom 6 in.Well Casing Begins:
1 ft. above grade or
 ft. below grade

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing					
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)	+1	60	6 5/8	STEEL	19 LB
Open Hole or Screen (No. Used)	60	240			
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack					
Grout	0	60		Neat Cement Bentonite	1786 lbs lbs

RECORD OF TEST

Test Date 5 / 14 / 99
Static Water Level 60 ft. below land surface
Water Level Measured Using M SCOPE
Pumping Water Level 180 ft. below land surface
Well Was Pumped Using AIR LIFT
Well Yield 25 gpm
If Pump Tested: Discharge Rate _____ gpm
Duration of Test _____ hours

Grouting Method PRESSURE PUMPED
Drilling Method AIR ROTARY

PERMANENT PUMPING EQUIPMENT

Installed by Summit Well Pump Reg. No. 0017023
Pump Type Submersible Pump
Depth of Pump below land surface 204' ft.
Capacity 10 gpm Horsepower 3/4

I certify that I have constructed the above referenced well in accordance with all well permit requirements and applicable State rules and regulations.

Drilling Company SUMMIT WELL DRILLING CO INC
Well Driller (Print) MARK O'DELL
Driller's Signature Mark O'Dell
Registration No. Mark J1248 Date 5 / 14 / 99

GEOLOGIC LOG

Note each depth where water was encountered in consolidated formations.

0 - 6' SOIL
6 - 240' RED SHALE

7 GPM 120'
8 GPM 160'
5 GPM 200'
5 GPM 220'

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

Coord: 2532458
PERMIT NO. 4 2527970

25-32-458

WELL RECORD

25-27970

APPLICATION NO. _____
COUNTY Somerset

OWNER CACCAVELLI, JOE BLDR. ADDRESS 191-A CHARLESTOWN ROAD

Owner's Well No. 1332 SURFACE ELEVATION _____ Feet
(Above mean sea level)

2. LOCATION Lot: 27 Block: 4519 Municipality: Bridgewater Twp.

3. DATE COMPLETED 7/86 DRILLER D.J. HAWKINS DRILLING CO.

4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 150 Feet

5. CASING: Type drive Diameter 6 Inches Length 63 Feet

6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet

Range in Depth { Top _____ Feet
Bottom _____ Feet
Geologic Formation _____

Tail Piece: Diameter _____ Inches Length _____ Feet

7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface

Water rises to _____ Feet above surface

8. RECORD OF TEST: Date 7/86 Yield 15 Gallons per minute

Static water level before pumping 40 Feet below surface

Pumping level 100 feet below surface after 4 hours pumping

Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown

How pumped air How measured weir

Observed effect on nearby wells none

9. PERMANENT PUMPING EQUIPMENT:

Type _____ Mfrs. Name _____

Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____

Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet

Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches

10. USED FOR domestic AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily

11. QUALITY OF WATER clear Sample: Yes _____ No _____

Taste no Odor no Color no Temp. _____ °F.

12. LOG shale Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)

13. SOURCE OF DATA driller

14. DATA OBTAINED BY W. J. ... Date 8/86

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCESCoord: 2532459 **5** 2524552**FOR MONITORING
PURPOSES ONLY**

ETHICON INC.

2532459
WELL RECORD
2524552

PERMIT NO. _____

APPLICATION NO. _____

COUNTY Somerset

RT. 22

1. OWNER _____ ADDRESS _____
- Owner's Well No. _____ SURFACE ELEVATION _____ Feet
Lot: 43 Block: 3401 Municipality: Bridgewater Twp. (Above mean sea level)
2. LOCATION _____
3. DATE COMPLETED 12-14-83 DRILLER William Stothoff
4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 64 Feet
5. CASING: Type Steel Diameter 6 Inches Length 15 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
- Range in Depth { Top _____ Feet
Bottom _____ Feet
- Geologic Formation _____
- Tail Piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date 12-14-83 Yield 3 Gallons per minute
Static water level before pumping 15' Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells Unknown
9. PERMANENT PUMPING EQUIPMENT:
Type N/A Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Monitoring Well AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER Unknown Sample: Yes _____ No X
Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG 0-64' Red Shale Are samples available? NO
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Wm. Stothoff Co., Inc.
DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 12-31-83

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated,
analysis of the water, sketch map, sketch of special casing arrangements, etc.)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

Coord: 2532459

6

PERMIT NO. 2524553

APPLICATION NO. _____

COUNTY Somerset

FOR MONITORING
PURPOSES ONLY

25.32.459

WELL RECORD

2524553

ETHICON INC.

RT. 22

1. OWNER _____ ADDRESS _____
- Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Lot: 43 Block: 3401 Municipality: Bridgewater Twp.
3. DATE COMPLETED 12-15-83 DRILLER William Stothoff
4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 60 Feet
5. CASING: Type Steel Diameter 6 inches Length 15 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ inches Length _____ Feet
- Range in Depth { Top _____ Feet
Bottom _____ Feet
- Geologic Formation _____
- Tail Piece: Diameter _____ inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
- Water rises to _____ Feet above surface
8. RECORD OF TEST: Date 12-15-83 Yield 2.5 Gallons per minute
- Static water level before pumping 15 Feet below surface
- Pumping level _____ feet below surface after _____ hours pumping
- Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
- How pumped _____ How measured _____
- Observed effect on nearby wells unknown
9. PERMANENT PUMPING EQUIPMENT:
- Type N/A Mfrs. Name _____
- Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
- Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
- Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches
10. USED FOR monitoring well AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER unknown Sample: Yes _____ No ☒
- Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG 0-60' Red Shale Are samples available? NO
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Wm. Stothoff Co., Inc.
- DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 12-31-83

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

Coord: 2532459

PERMIT NO. 2524558

FOR MONITORING
PURPOSES ONLY

ETHICON INC.

25.32.459

WELL RECORD

25.24558

APPLICATION NO.

Somerset
COUNTY

RT. 22

1. OWNER ADDRESS

Owner's Well No. Lot: 43 Block: 3401 SURFACE ELEVATION Feet
(Above mean sea level)
Municipality: Bridgewater Twp.

2. LOCATION

3. DATE COMPLETED 12-16-83 DRILLER William Stothoff

4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 60 Feet

5. CASING: Type Steel Diameter 6 Inches Length 21 Feet

6. SCREEN: Type Size of Opening Diameter Inches Length Feet

Range in Depth { Top Feet
Bottom Feet
Geologic Formation

Tail Piece: Diameter Inches Length Feet

7. WELL FLOWS NATURALLY Gallons per minute at Feet above surface

Water rises to Feet above surface

8. RECORD OF TEST: Date Yield 3 Gallons per minute

Static water level before pumping 10 Feet below surface

Pumping level feet below surface after hours pumping

Drawdown Feet Specific Capacity Gals. per min. per ft. of drawdown

How pumped How measured

Observed effect on nearby wells Unknown

9. PERMANENT PUMPING EQUIPMENT:

Type N/A Mfrs. Name

Capacity G.P.M. How Driven H.P. R.P.M.

Depth of Pump in well Feet Depth of Footpiece in well Feet

Depth of Air Line in well Feet Type of Meter on Pump Size Inches

10. USED FOR Monitoring wells AMOUNT { Average Gallons Daily
Maximum Gallons Daily

11. QUALITY OF WATER Unknown Sample: Yes No X

Taste Odor Color Temp. °F.

12. LOG 0-6' Overburden loose shale 6-10' Red shale Are samples available? NO
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)

13. SOURCE OF DATA Wm. Stothoff Co. Inc.

DATA OBTAINED BY Wm. Stothoff Co. Inc. Date 12-31-83

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

25.32.471
 DEPARTMENT OF CONSERVATION
 AND ECONOMIC DEVELOPMENT
 Division of Water Policy & Supply
WELL RECORD
 25.5161

25-5161
 Permit No. ~~XXXXXX~~
 Application No. _____
 County _____

1. OWNER Radio Corporation of America ADDRESS Front & Cooper Sts. Camden, New Jersey
 Owner's Well No. 2 SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Bridgewater Township Somerset Co. N.J.
3. DATE COMPLETED Dec 31.55 DRILLER Wm. Stothoff Co. Inc.
4. DIAMETER: Top 10 Inches Bottom 10 Inches TOTAL DEPTH 631 Feet
5. CASING: Type drive pipe Diameter 10 Inches Length 35 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
 Range in Depth { Top _____ Feet Geologic Formation Brum. shale
 Bottom _____ Feet
 Tail piece. Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
 Water rises to _____ Feet above surface
8. RECORD OF TEST: Date Dec 29/30/31 Yield 195 Gallons per minute
 Static water level before pumping 64 Feet below surface
 Pumping level 200 feet below surface after 48 hours pumping
 Drawdown 136 Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
 How Pumped Turbine How measured Orifice
 Observed effect on nearby wells Lowered water in No 1 well 20'
9. PERMANENT PUMPING EQUIPMENT:
 Type ? Capacity _____ Gallons per minute
 How Driven _____ Horse Power _____ R.P.M. _____
 Depth of pump in well _____ Feet Depth of Foot piece in well _____ Feet
 Depth of Air Line in well _____ Feet Type of Meter on Pump _____
10. USED FOR Industrial
 AMOUNT { Average _____ Gallons Daily
 Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No. _____
 Taste none Odor none Color clear Temperature 54 °F
12. LOG See other side Are samples available? no
(Give details on back of sheet or on separate sheet)
13. SOURCE OF DATA Well Statement.
14. DATA OBTAINED BY H.J. Stothoff DATE Jan 6, 1956

25.32. AM

25.5161

Record of well

10" well 631' deep.

Drilled 14" hole 35' & cased out with
10" drive pipe and cemented.

Formation

0' - 2' earth & clay

2' - 455' red shale

455' - 485' gray rock

485' - 631' red sandstone rock

Test on well at 330' with plunger pump
165' setting flow 103 GPM drawdown 165'
from the surface. Static water level 64'

Test on well at 631' with turbine pump

200' setting flow 195 GPM at end of 48 hour
continuous test. drawdown 195' from the surface.
Static water level 64' from the surface.

Well drilled Nov 21-Dec 31.1955

RECEIVED

JAN 3 1956

U.S. Bureau of
Reclamation
Water & Power
Development
& Tech. Survey

25.32.472 ☒

FD-87-54

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
Division of Water Policy & Supply
WELL RECORD

Permit No. 25-5162

Application No. _____

County 25.32.472Front & Cooper Sts
Camden, N.J.

1. OWNER Radio Corporation of America ADDRESS Front & Cooper Sts Camden, N.J.
Owner's Well No. 3 SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Bridgewater Township, N.J.
3. DATE COMPLETED Jan 30/56 DRILLER Wm. Stothoff Co. Inc.
4. DIAMETER: Top 12 Inches Bottom 12 Inches TOTAL DEPTH 620 Feet
5. CASING: Type drive pipe Diameter 12 Inches Length 36'9" Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range in Depth { Top _____ Feet Geologic Formation Brus. shale
Bottom _____ Feet
Tail piece. Diameter _____ Inches Length _____ Feet
- WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date 1/26-27-28/56 Yield 243 Gallons per minute
Static water level before pumping 53 Feet below surface
Pumping level 191 feet below surface after 48 hours pumping
Drawdown 138 Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How Pumped Turbine How measured Orifice
Observed effect on nearby wells Lowered in No 1 to 67'6" Lowered water in No 2 to 84'
9. PERMANENT PUMPING EQUIPMENT:
Type ? Capacity _____ Gallons per minute
How Driven _____ Horse Power _____ R.P.M. _____
Depth of pump in well _____ Feet Depth of Foot piece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____
10. USED FOR Industrial AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste none Odor none Color clear Temperature 54 °F
12. LOG See other side Are samples available? No
(Give details on back of sheet or on separate sheet)
13. SOURCE OF DATA Well Statement.
14. DATA OBTAINED BY H. J. Stothoff DATE Jan 31, 1956

(Note: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

2532.A72

25.5162

Record of No 3 well

12" well 620' deep.

Drilled 15" hole 36' & cased out with
36'9" - 12" pipe and cemented.

Formation

0' -4' earth & clay

4' - 620' red shale rock

Test on well with turbine pump 200' setting
flow 243 GPM drawdown 191' from the surface

Test run for 52 hours continuous.

Lowered water in No 1 well to 67'6" while pumping
" " " " 2 " " 84' " "

Well drilled Jan 3-30, 1956

J. Reading. Walter Harvey

RECEIVED

FEB 1 1956

Department of Conservation
& Economic Development
Geology & Top. Survey

Form 87-5A-4-49

RECEIVED

SEP 20 1950

Department of Conservation
& Economic Development
Geologic & Top. Survey

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
Division of Water Policy & Supply
WELL RECORD

Section 1 1/2 W

25.32.472 L

Permit No. 25-709

Application No.

County 25.32.472

25-709

1. OWNER STEPHEN MANCINI ADDRESS 7 DUVAL STREET SOMERVILLE N. J.
Owner's Well No. SURFACE ELEVATION 160 Feet
(Above mean sea level)
2. LOCATION 74° 40' 40° 34'
3. DATE COMPLETED AUG. 17, 1950 DRILLER FRANK M. DIUNZI
4. DIAMETER: Top 6 Inches Bottom 6 Inches TOTAL DEPTH 172 Feet
5. CASING: Type REGULAR Diameter 6 Inches Length 20 Feet
6. SCREEN: Type Size of Opening Diameter Inches Length Feet
Range in Depth { Top Feet Geologic Formation TRB
Bottom Feet
Tail piece: Diameter Inches Length Feet
7. WELL FLOWS NATURALLY Gallons per Minute at Feet above surface
Water rises to Feet above surface
8. RECORD OF TEST: Date AUG. 17, 1950 Yield 10 Gallons per minute
Static water level before pumping 95 Feet below surface
Pumping level 95 feet below surface after 1 hours pumping
Drawdown 0 Feet Specific Capacity Gals. per min. per ft. of drawdown
How Pumped BAILER How measured TIRE & TAPE
Observed effect on nearby wells NONE
9. PERMANENT PUMPING EQUIPMENT: NOT SUPPLIED
Type Capacity Gallons per minute
How Driven Horse Power R.P.M.
Depth of pump in well Feet Depth of foot piece in well Feet
10. USED FOR RESIDENT AMOUNT { Average 300 Gallons Daily
Maximum 400 Gallons Daily
11. QUALITY OF WATER GOOD Sample: Yes X No.
Taste NONE Odor NONE Color NONE Temperature 52 °F.
12. LOG ALL SHALE Are samples available?
(Give details on back of sheet or on separate sheet)
13. SOURCE OF DATA SELF
14. DATA OBTAINED BY SELF DATE SEPT. 14, 1950

(Note: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

Coord: 2532473

PERMIT NO. 2526324

APPLICATION NO. _____

COUNTY Somerset

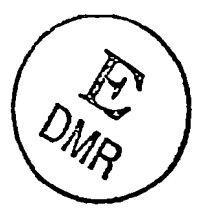
25.32.473

WELL RECORD

252632A

1. OWNER HIONIS, SPIROS ADDRESS 218 A GREEN BROOK RD.
Owner's Well No. 1009 SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Lot: 45 Block: 2403 Municipality: Bridgewater Twp.
3. DATE COMPLETED 6/85 DRILLER Fred Kushner
4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 420 Feet
5. CASING: Type drive Diameter 6 Inches Length 52 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
- Range in Depth { Top _____ Feet
Bottom _____ Feet
- Geologic Formation _____
- Tail Piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date 6/85 Yield 15+ Gallons per minute
Static water level before pumping 40 Feet below surface
Pumping level 100 feet below surface after 4 hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped air How measured well
Observed effect on nearby wells none
9. PERMANENT PUMPING EQUIPMENT:
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR domestic AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER clear Sample: Yes _____ No _____
Taste no Odor no Color no Temp. _____ °F.
12. LOG shale Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA driller
DATA OBTAINED BY Pamela J. Wiaty Date 6/11/85

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)



DWR-138 M
1/96

New Jersey Department of Environmental Protection
Bureau of Water Allocation

MONITORING WELL RECORD

Well Permit No. 25 48850
Atlas Sheet Coordinates 25 32 476

OWNER IDENTIFICATION - Owner EXXON CO. USA
Address 1900 EAST LINDEN AVE
City LINDEN State NJ Zip Code

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW6
County SOMERSET Municipality RARITAN BORO Lot No. 4 Block No. 41
Address 403 ROUTE 202 NORTH Date well started 5/9/96
TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 5/9/96
Regulatory Program Requiring Well UST Case I.D. # 92-07-16-1042
CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Geologic Services, Inc. Tele. #

WELL CONSTRUCTION

Total depth drilled 22 ft.
Well finished to 22 ft.
Borehole diameter:
Top 8 in.
Bottom 8 in.

Well was finished: ☐ above grade
☒ flush mounted
If finished above grade, casing height (stick up) above land surface ft.

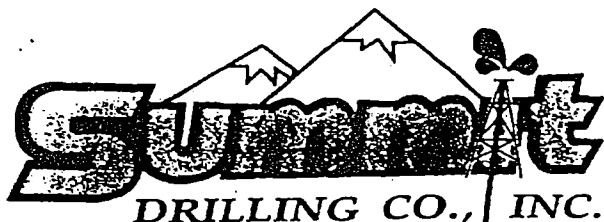
	Depth to Top (ft.) (From land surface)	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	0	7	4	Sch 40 PVC
Outer Casing (Not Protective Casing)				
Screen (Note slot size)	7	22	4	Sch 40 PVC. 0.020
Tail Piece				
Gravel Pack	5	22		Morie # 2
Annular Seal/Grout	0	5		Portland
Method of Grouting	Tremie			

Was steel protective casing installed?
☐ Yes ☒ No
Static water level after drilling 17' ft.
Water level was measured using tape
Well was developed for 1/2 hours at slow gpm
Method of development pump
Was permanent pumping equipment installed? ☐ Yes ☒ No
Pump capacity gpm
Pump type:
Drilling Method Air Rotary
Drilling Fluid Type of Rig B-80
Name of Driller Steve Votcoski
Health and Safety Plan submitted? ☒ Yes ☐ No
Level of Protection used on site (circle one) None ☒ C ☐ B ☐ A
N.J. Registration No. 0001359
Name of Drilling Company SUMMIT WELL DRILLING CO INC
Summit Drilling

GEOLOGIC LOG (Copies of other geologic logs and/or geophysical logs should be attached.)

See attached

I certify that I have drilled the above-referenced well in accordance with all well permit requirements and applicable State rules and regulations.
Driller's Signature Steve Votcoski Date 5/23/96



ENVIRONMENTAL SPECIALISTS

Central Jersey Industrial Park
Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
Telephone: (908) 722-4266
Toll Free: (800) 242-6648
FAX: (908) 356-1009

WELL LOG

WELL: MW6 DATE DRILLED: 5/09/1996 COORD #1: 25.32.476 PERMIT #1: 25-48850
COORD #2: PERMIT #2:
SITE: Former Exxon Station #337, 403 Route 202 North, , Raritan, NJ
OWNER: Exxon Co. USA, 1900 East Linden Ave., , Linden, NJ 07036

COUNTY: Somerset
XSTREET:
USE: Monitoring

INNER CASING: PVC	OUTER CASING:	SCREEN TYPE 1: PVC	DRILLING METHOD: Air Rotary
DIAMETER: 4"	DIAMETER:	SCREEN TYPE 2:	SAMPLING METHOD: S/S
LENGTH: 7'	LENGTH:	DIAMETER: 4"	HOLE DIAMETER: 8"
		LENGTH 1: 15'	TOTAL DEPTH: 22'
SET WELL: 22'	GAL PER MIN: SLOW	LENGTH 2:	
GRAVEL PK SZ: Morie #2	STAT H2O LVL: 17'	SLOT SIZE: .020	
DRILLER: Steve Yotcoski	DEVELOPMENT METHOD: Pump	CASING SEAL: Portland	
SURFACE COMPLETION: M	DEVELOPMENT TIME: 1/2 Hour	OPEN HOLE:	

DEPTH BELOW SURFACE FROM - TO	BLOWS PER 6" ON SAMPLER
-------------------------------------	----------------------------

5' - 7'	2-4-7-13
7' - 9'	16-21-30-19
9' - 11'	15-20-25-50/5"
11' - 13'	12-15-14-18
13' - 15'	20-18-18-19
15' - 17'	7-9-10-10
17' - 19'	17-18-19-19
19' - 21'	16-17-18-21

REMARKS / SOILS IDENTIFICATION

0' - 3' Asphalt & stone.
3' - 22' Red-brown silty clay trace fine
sand trace gravel.

Ground Surface

AT-Grade Protective
Watertight Manhole

Locking Compression Cap

2' x 2' Concrete Pad
Gravel Mix Concrete

PVC Casing
4" Diameter

Neat Cement Grout
(ASTM Type II, 5% Bentonite Added)
0' - 5'

PVC Screen
4" Diameter

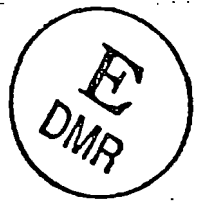
Gravel Pack
5' - 22'

Bore Hole
8" Diameter

Bottom Cap

0' - 7' Solid

7' - 22' Screen



DWR-138 M
1/96

New Jersey Department of Environmental Protection
Bureau of Water Allocation

MONITORING WELL RECORD

Well Permit No. 25 48851
Atlas Sheet Coordinates 25 : 32 .476

OWNER IDENTIFICATION - Owner EXXON CO. USA
Address 1900 EAST LINDEN AVE

City LINDEN State NJ Zip Code _____

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW7
County SOMERSET Municipality RARITAN BORO Lot No. 4 Block No. 41
Address 403 ROUTE 202 NORTH Date well started 5/9/96

TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 5/9/96
Regulatory Program Requiring Well UST Case I.D. # 92-07-16-1042

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Geologic Services Corp. Tele. # _____

WELL CONSTRUCTION

Total depth drilled 13 ft.

Well finished to 13 ft.

Borehole diameter: 8 in.
Top _____

Bottom 8 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing height (stick up) above land surface _____ ft.

Was steel protective casing installed?

☐ Yes ☒ No

Static water level after drilling 5' ft.

Water level was measured using tape

Well was developed for 1/2 hours at 5 gpm

Method of development pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Method Air Rotary

Drilling Fluid _____ Type of Rig B-80

Name of Driller Steve Gotschki

Health and Safety Plan submitted? ☐ Yes ☐ No

Level of Protection used on site (circle one) None (C) B A

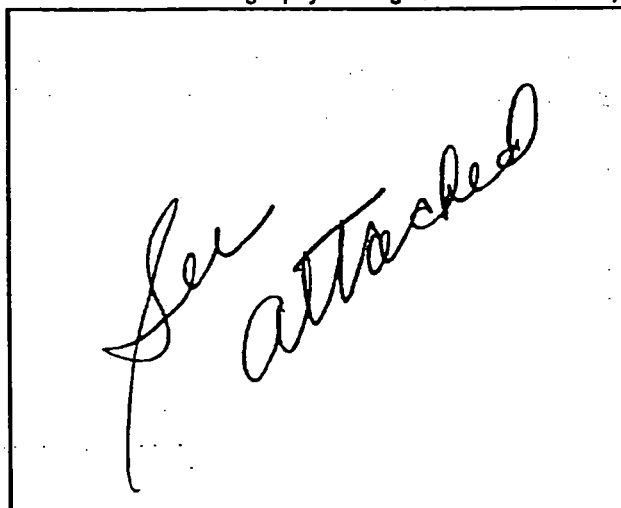
N.J. Registration No. 0001359

Name of Drilling Company Summit Drilling

	Depth to Top (ft.) (From land surface)	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	0	3	4	Sch 40 PVC
Outer Casing (Not Protective Casing)				
Screen (Note slot size)	3	13	4	Sch 40 PVC .020
Tail Piece				
Gravel Pack	2	13		Morie #2
Annular Seal/Grout	0	2		Portland
Method of Grouting	Gravity			

GEOLOGIC LOG

(Copies of other geologic logs and/or geophysical logs should be attached.)



I certify that I have drilled the above-referenced well in accordance with all well permit requirements and applicable State rules and regulations.

Handwritten signature

5.22.06



ENVIRONMENTAL SPECIALISTS

Central Jersey Industrial Park
Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
Telephone: (908) 722-4266
Toll Free: (800) 242-6648
FAX: (908) 356-1009

WELL LOG

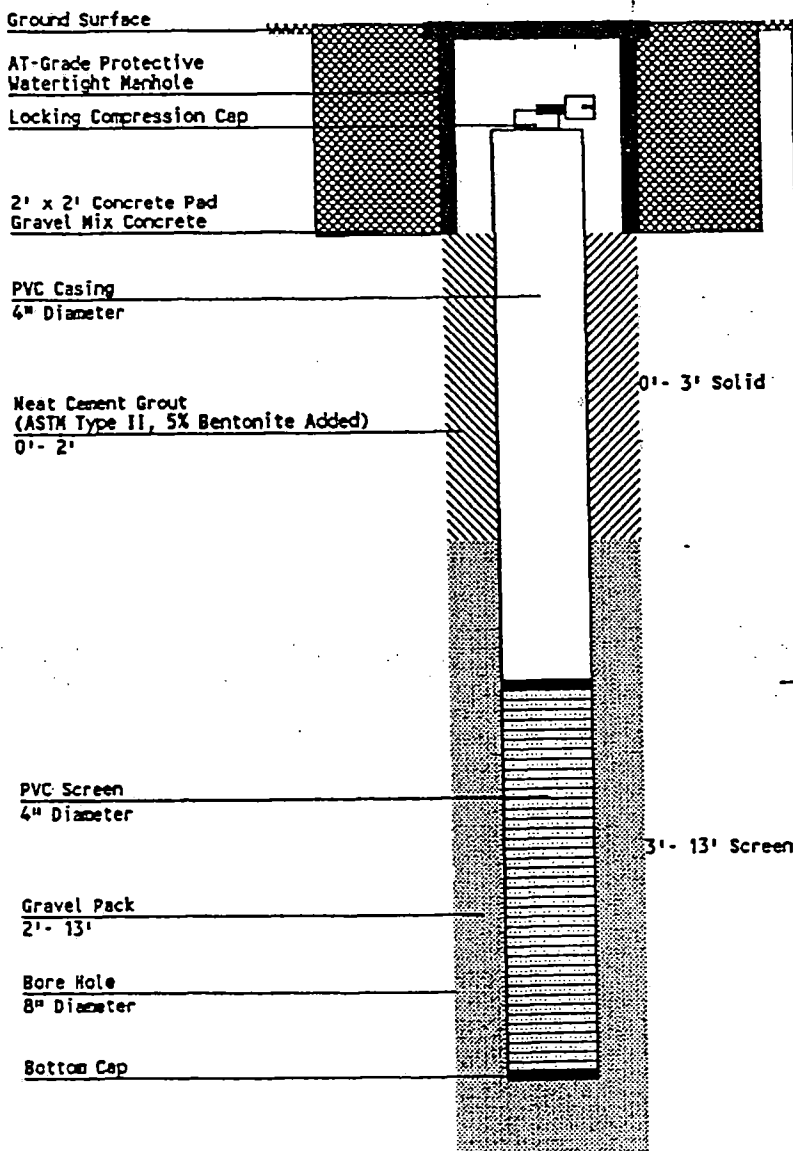
WELL: MW7 DATE DRILLED: 5/09/1996 COORD #1: 25.32.476 PERMIT #1: 25-48851
COORD #2: PERMIT #2: COUNTY: Somerset
SITE: Former Exxon Station #337, 403 Route 202 North, , Raritan, NJ
OWNER: Exxon Co. USA, 1900 East Linden Ave., , Linden, NJ 07036
XSTREET: USE: Monitoring

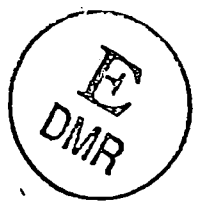
INNER CASING: PVC	OUTER CASING:	SCREEN TYPE 1: PVC	DRILLING METHOD: Air Rotary
DIAMETER: 4"	DIAMETER:	SCREEN TYPE 2:	SAMPLING METHOD: S/S
LENGTH: 3'	LENGTH:	DIAMETER: 4"	HOLE DIAMETER: 8"
		LENGTH 1: 10'	TOTAL DEPTH: 13'
SET WELL: 13'	GAL PER MIN: 5	LENGTH 2:	
GRAVEL PK SZ: Morie #2	STAT H2O LVL: 5'	SLOT SIZE: .020	
DRILLER: Steve Yotcoski	DEVELOPMENT METHOD: Pump	CASING SEAL: Portland	
SURFACE COMPLETION: M	DEVELOPMENT TIME: 1/2 Hour	OPEN HOLE:	

DEPTH BELOW	BLOWS PER 6"
SURFACE	ON SAMPLER
FROM - TO	

REMARKS / SOILS IDENTIFICATION

0' - 12' Fill.
12' - 13' Red-brown silty clay trace fine sand trace gravel.





DWR-138 M
1/96

New Jersey Department of Environmental Protection
Bureau of Water Allocation

MONITORING WELL RECORD

Well Permit No. 25 48852
Atlas Sheet Coordinates 25 : 32 476

OWNER IDENTIFICATION - Owner EXXON CO. USA
Address 1900 EAST LINDEN AVE
City LINDEN State NJ Zip Code _____

WELL LOCATION - If not the same as owner please give address.

Owner's Well No. MW8

County SOMERSET Municipality RARITAN BORO Lot No. 4 Block No. 41
Address 403 ROUTE 202 NORTH Date well started 5/9/96

TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 5/9/96

Regulatory Program Requiring Well UST Case I.D. # 92-07-16-1042

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Geologic Services Corp. Tele. # _____

WELL CONSTRUCTION

Total depth drilled 35 ft.

Well finished to 35 ft.

Borehole diameter: 8 in.
Top _____

Bottom 8 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing height (stick up) above land surface _____ ft.

Was steel protective casing installed?
☐ Yes ☒ No

Static water level after drilling 5' ft.

Water level was measured using tape

Well was developed for 1/2 hours at slow gpm

Method of development pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Method Air Rotary

Drilling Fluid _____ Type of Rig B-80

Name of Driller Steve Yotcoski

Health and Safety Plan submitted? ☒ Yes ☐ No

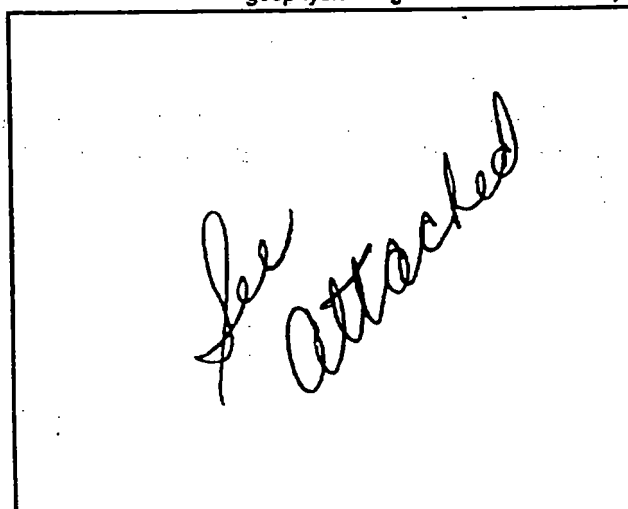
Level of Protection used on site (circle one) None ☒ C B A

N.J. Registration No. 0001359

Name of Drilling Company Summit Drilling

	Depth to Top (ft.) (From land surface)	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	0	10	4	Sch 40 PVC
Outer Casing (Not Protective Casing)				
Screen (Note slot size)	10	35	4	Sch 40 PVC-020
Tail Piece				
Gravel Pack	7	35		Morrie #2
Annular Seal/Grout	0	7		Portland
Method of Grouting	Tremie			

GEOLOGIC LOG (Copies of other geologic logs and/or geophysical logs should be attached.)



I certify that I have drilled the above-referenced well in accordance with all well permit requirements and applicable State rules and regulations.

Driller's Signature Steve Yotcoski Date 5/23/96

DWR-138 M
196

New Jersey Department of Environmental Protection
Bureau of Water Allocation

MONITORING WELL RECORD

Well Permit No. 25 50863

Atlas Sheet Coordinates 25 : 32 : 476

OWNER IDENTIFICATION - Owner KIXON CO., USA

Address 1900 R. LINDEN AVE.

City LINDEN

State NJ

Zip Code

WELL LOCATION - If not the same as owner please give address. Owner's Well No. 1999

County SOMERSET

Municipality RARITAN BORO

Lot No. 4

Block No. 41

Address 403 ROUTE 202

DATE WELL STARTED 7 / 8 / 97

DATE WELL COMPLETED 7 / 8 / 97

TYPE OF WELL (as per Well Permit Categories) MONITORING

Regulatory Program Requiring Well UST

Case I.D.# 92-07-16-1042

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Geologic Services Corporation

Tele. #

WELL CONSTRUCTION

Total depth drilled 20 ft.

Well finished to 20 ft.

Borehole diameter:

Top 6 in.

Bottom 6 in.

Well was finished: ☐ above grade

☒ flush mounted

☐ finished above grade, casing height (stick up) above land surface ft.

Was steel protective casing installed?

☐ Yes ☒ No

Static water level after drilling 12 ft.

Water level was measured using Tap

Well was developed for 1 Hour hours

at slow recip. gpm

Method of development Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity gpm

Pump type:

Drilling Fluid Type of Rig B-30

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None (C) B A

I certify that I have constructed the above referenced well in accordance with all well permit requirements and applicable State rules and regulations.

Drilling Company SUMMIT WELL DRILLING CO INC

Well Driller (Print) Don Grahamer, Jr.

Driller's Signature Don Grahamer, Jr.

Registration No. M1212 Date 7 / 29 / 97

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	<u>5</u>	<u>5</u>	<u>4</u>	<u>PVC</u>	<u>Sch. 40</u>
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	<u>5</u>	<u>20</u>	<u>4</u>	<u>PVC</u>	<u>.020 Sch. 40</u>
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack	<u>3</u>	<u>20</u>		<u>Morie #1</u>	
Grout	<u>0</u>	<u>3</u>		<u>Neat Cement Bentonite</u>	<u>100 lbs. 10 lbs.</u>

Grouting Method Gravity

Drilling Method Air Rotary

GEOLOGIC LOG

Note each depth where water was encountered in consolidated formations.

See Attached



ENVIRONMENTAL SPECIALISTS

Central Jersey Industrial Park
Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
Telephone: (908) 722-4266
Toll Free: (800) 242-6648
FAX: (732) 356-1009

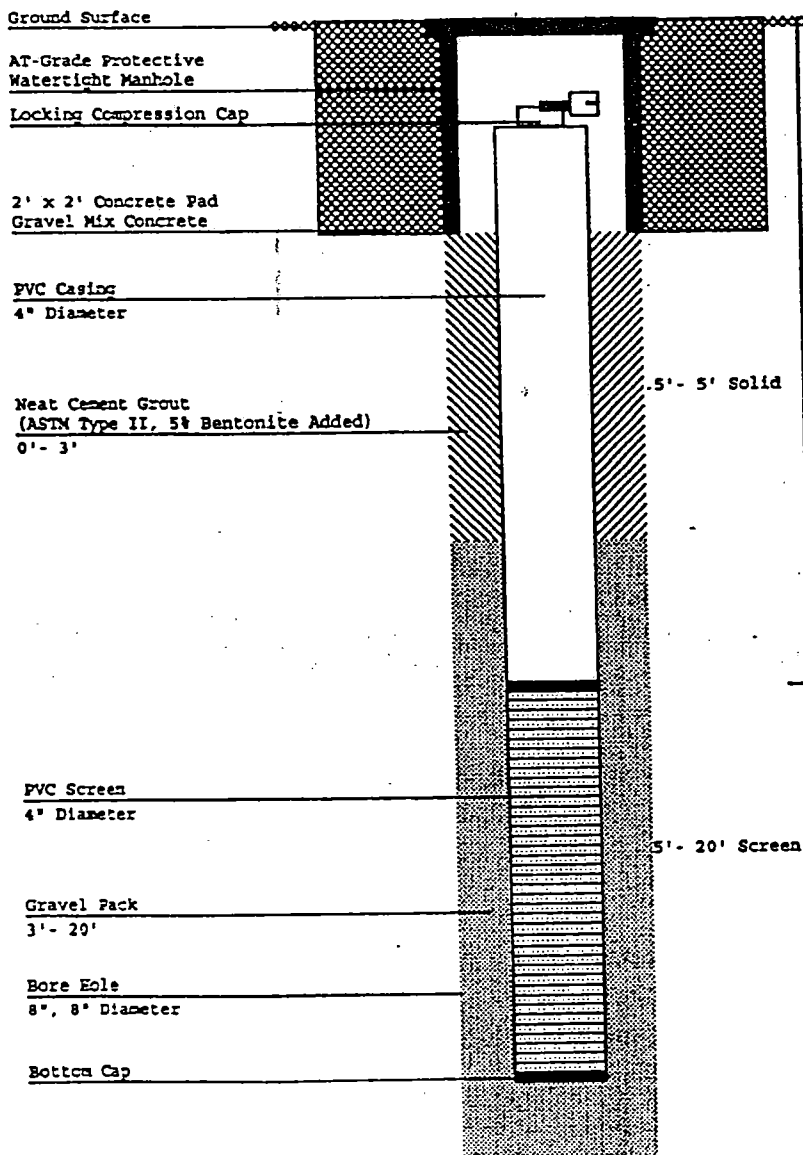
WELL LOG

WELL: MW9	DATE DRILLED: 07/08/1997	COORD #1: 25.32.476	PERMIT #1: 25-50863	COUNTY: Somerset
		COORD #2:	PERMIT #2:	XSTREET:
SITE: Former Exxon Station #33734, 403 Route 202 North, , Raritan, NJ				USE: Monitor
OWNER: Exxon Co. USA, 1900 East Linden Ave., , Linden, NJ 07036				
INNER CASING: PVC	OUTER CASING:	SCREEN TYPE 1: PVC	DRILLING METHOD: Air Rotary	
DIAMETER: 4"	DIAMETER:	SCREEN TYPE 2:	SAMPLING METHOD: Cuttings	
LENGTH: 4.5'	LENGTH:	DIAMETER: 4"	HOLE DIA: 8", 8"	
		LENGTH 1: 15'	TOTAL DEPTH: 20'	
SET WELL: 20'	GAL PER MIN: slow rechg.	LENGTH 2:		
GRAVEL PK SZ: Morie #1	STAT H2O LVL: 12'	SLOT SIZE: .020		
DRILLER: Don Grahamer, Jr.	DEVELOPMENT METHOD: Pump	CASING SEAL: Portland		
SURFACE COMPLETION: M	DEVELOPMENT TIME: 1 Hour	OPEN HOLE:		

DEPTH BELOW	BLOWS PER 6"
SURFACE	ON SAMPLER
FROM - TO	

REMARKS / SOILS IDENTIFICATION

0' - 1' Asphalt & gravel.
1' - 20' Brown m/f sandy clay.



DY 38 M
11

New Jersey Department of Environmental Protection

Bureau of Water Allocation

MONITORING WELL RECORD

Well Permit No. 25 50864
Atlas Sheet Coordinates 25 : 32 : 476

OWNER IDENTIFICATION - Owner ROXON CO., USA
Address 1900 E. LINDEN AVE.
City LINDEN State NJ Zip Code

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MM10
County SOMERSET Municipality RARITAN BORO Lot No. 4 Block No. 41
Address 423 ROUTE 222

DATE WELL STARTED 7 / 8 / 97
DATE WELL COMPLETED 7 / 8 / 97
TYPE OF WELL (as per Well Permit Categories) MONITORING
Regulatory Program Requiring Well UST Case I.D.# 92-07-16-1042

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Geologic Services Corporation Tele. #

WELL CONSTRUCTION

Total depth drilled 70 ft.
Well finished to 70 ft.
Borehole diameter:
Top 6 in.
Bottom 6 in.
Well was finished: ☐ above grade
☒ flush mounted
If finished above grade, casing height (stick up) above land surface ft.
Was steel protective casing installed?
☐ Yes ☒ No
Static water level after drilling 40 ft.
Water level was measured using Tape
Well was developed for 1 Hour hours
at 1-2 gpm
Method of development Pump

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	<u>.5</u>	<u>45</u>	<u>4</u>	<u>PVC</u>	<u>Sch. 40</u>
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	<u>45</u>	<u>70</u>	<u>4</u>	<u>PVC</u>	<u>.020 Sch. 40</u>
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack	<u>43</u>	<u>70</u>		<u>Marie #1</u>	
Grout	<u>0</u>	<u>43</u>		<u>Neat Cement Bentonite</u>	<u>752 lbs. 40 lbs.</u>

Grouting Method Tremie
Drilling Method Air Rotary

Was permanent pumping equipment installed? ☐ Yes ☒ No
Pump capacity gpm
Pump type:
Drilling Fluid Type of Rig B-80
Health and Safety Plan submitted? ☒ Yes ☐ No
Level of Protection used on site (circle one) None C B A

I certify that I have constructed the above referenced well in accordance with all well permit requirements and applicable State rules and regulations.

Drilling Company SUMMIT WELL DRILLING CO INC

Well Driller (Print) Don Grahamer, Jr.
Driller's Signature Don Grahamer, Jr.
Registration No. MM212 Date 7 / 29 / 97

GEOLOGIC LOG

Note each depth where water was encountered in consolidated formations.

See Attached



New Jersey Department of Environmental Protection
Bureau of Water Allocation
MONITORING WELL RECORD

17

Well Permit No. 45 -55483
25 32 477
Atlas Sheet Coordinates

OWNER IDENTIFICATION - Owner FISHER SCIENTIFIC
Address ONE REAGENT LANE
City FAIR LAWN State NJ Zip Code

WELL LOCATION - If not the same as owner please give address. Owner's Well No.
County SOMERSET Municipality BRIDGEWATER TWP Lot No. 1 Block No. 2305
Address 755 ROUTE 202 NORTH DATE WELL STARTED 11/15/83
DATE WELL COMPLETED 11/17/83

TYPE OF WELL (as per Well Permit Categories) MONITORING
Regulatory Program Requiring Well ISRA SITE Case I.D.# 85823

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Tele. #

WELL CONSTRUCTION

Total depth drilled 190 ft.
Well finished to 190 ft.

Borehole diameter:
Top 10 in.
Bottom 6 in.

Well was finished: ☒ above grade
☐ flush mounted

If finished above grade, casing height (stick
above land surface ft.

was steel protective casing installed?
☒ Yes ☐ No

Static water level after drilling ft.

Water level was measured using
Well was developed for hours
at gpm

Method of development

Was permanent pumping equipment installed? ☐ Yes ☐ No

Pump capacity gpm

Pump type:

Drilling Fluid Type of Rig

Health and Safety Plan submitted? ☐ Yes ☐ No

Level of Protection used on site (circle one) None D C B A

I certify that I have constructed the above referenced well in
accordance with all well permit requirements and applicable
State rules and regulations.

Drilling Company ADVANCED DRILLING, INC.

Well Driller (Print) SCOTT S ALBERGIA

Driller's Signature Scott Albergia

Registration No. J1320 Date 3/20/00

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	<u>0</u>	<u>170</u>	<u>6</u>	<u>STEEL</u>	
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	<u>170</u>	<u>190</u>	<u>6</u>		
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack					
Grout				Neat Cement Bentonite	<u> </u> lbs. <u> </u> lbs.

Grouting Method
Drilling Method

GEOLOGIC LOG

Note each depth where water was encountered in consolidated
formations.

WELL DRIVEN BY WM. STOROFF
ORIGINAL WELL PERMIT NUMBER
AND RECORD COULD NOT BE
FOUND.

INFORMATION PROVIDED
ABOVE AS PER ENVIRO
CORP.

New Jersey Department of Environmental Protection
Bureau of Water Allocation
MONITORING WELL RECORD

18

Well Permit No. 45 - 55482
Atlas Sheet Coordinates 25 32 477OWNER IDENTIFICATION - Owner FISHER SCIENTIFIC
Address ONE REAGENT LANE State NJ Zip Code _____
City FAIR LAWNWELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-10I
County SOMERSET Municipality BRIDGEWATER TWP Lot No. 1 Block No. 2305
Address 755 ROUTE 202 NORTHTYPE OF WELL (as per Well Permit Categories) MONITORING
Regulatory Program Requiring Well ISRA SITE Case I.D.# 85823
DATE WELL STARTED 11/19/93
DATE WELL COMPLETED 11/19/93CONSULTING FIRM/FIELD SUPERVISOR (if applicable) ENVIRON CORP. Tele. # 609/452-9000**WELL CONSTRUCTION**Total depth drilled 140' ft.
Well finished to 140' ft.Borehole diameter:
Top 10 in.
Bottom 6 in.Well was finished: ☒ above grade
☒ flush mountedIf finished above grade, casing height (stick
above land surface) _____ ft.Was steel protective casing installed?
☒ Yes ☐ No

Static water level after drilling _____ ft.

Water level was measured using _____

Well was developed for _____ hours
at _____ gpm

Method of development _____

Was permanent pumping equipment installed? ☐ Yes ☐ No

Pump capacity _____ gpm

Pump type: _____

Drilling Fluid _____ Type of Rig _____

Health and Safety Plan submitted? ☐ Yes ☐ No

Level of Protection used on site (circle one) None D C B A

I certify that I have constructed the above referenced well in
accordance with all well permit requirements and applicable
State rules and regulations.

Drilling Company ADVANCED DRILLING, INC.Well Driller (Print) SCOTT S. AUBERALLADriller's Signature Scott S. AuberallaRegistration No. T/320 Date 3/20/00

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	0	120'	6	STEEL	
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	120'	140'	6		
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack					
Grout				Neat Cement Bentonite	____ lbs. ____ lbs.

Grouting Method _____

Drilling Method _____

GEOLOGIC LOGNote each depth where water was encountered in consolidated
formations.WELL DRILLED BY WM. SIOTAFORIGINAL WELL PERMITNUMBER AND RECORDS COULDNOT BE FOUND.INFORMATION PROVIDEDABOVE AS PER ENVIRONCORP.

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY
WELL RECORD

Permit No. 25-11558
Application No. 25-11558
County _____

25.32.481
25-11558

1. OWNER Barney Jadach ADDRESS 265 Maple Avenue, Dunellen, N.J.
Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Branchburg, Somerset County
3. DATE COMPLETED 9/20/63 DRILLER Somerville Well Drilling Co.
4. DIAMETER: top 6 Inches Bottom 6 Inches TOTAL DEPTH 140 Feet
5. CASING: Type Drive Diameter 6 Inches Length 42 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
- Range in Depth { Top _____ Feet
Bottom _____ Feet
- Geologic Formation _____
- Tail piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date 9/20/63 Yield 35 Gallons per minute
Static water level before pumping 60 Feet below surface
Pumping level 100 feet below surface after 5 hours pumping
Drawdown 40 Feet Specific Capacity 2 Gals. per min. per ft. of drawdown
How Pumped sub How measured bucket
Observed effect on nearby wells none
9. PERMANENT PUMPING EQUIPMENT:
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Offices AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER good Sample: Yes _____ No. X
Taste none Odor none Color clear Temp. _____ °F
12. LOG Red Shale Are samples available? no
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA Somerville Well Drilling Co.
14. DATA OBTAINED BY Driller Date 9/20/63 ✓

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements etc.)

FO. 67

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

25.32.481
Permit No. 25-7300
Application No. _____
County _____

WELL RECORD

25.32.481
25.7800

1. OWNER GILBERT JARRETT ADDRESS 89 ARDMAER DRIVE.
Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION BRADLEY GARDENS - SOMERVILLE, N.J.
3. DATE COMPLETED 11/7/57 DRILLER STEVE BIDAK
4. DIAMETER: top 6 Inches Bottom 6 Inches TOTAL DEPTH 90 Feet
5. CASING: Type STEEL Diameter 6 Inches Length 21 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range { Top _____ Feet Geologic Formation RED SHALE
Bottom _____ Feet
- Tail piece. Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date 11/7/57 Yield 10 Gallons per minute
Static water level before pumping 40 Feet below surface
Pumping level 55 feet below surface after 2 hours pumping
Drawdown 15 Feet Specific Capacity 10 Gals. per min. per ft. of drawdown
How Pumped BAILER How measured BAILER
Observed effect on nearby wells NONE
9. PERMANENT PUMPING EQUIPMENT:
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Depth of Meter on Pump _____
10. USED FOR DOMESTIC USE AMOUNT Average 200 Gallons Daily
Maximum 400 Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor NONE Color _____ Temp. _____ OF
12. LOG _____ Are samples available _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA DRILLER
14. DATA OBTAINED BY DRILLER Date 11/7/57

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements etc.)

PERMIT NO. 2525107

APPLICATION NO. _____

Somerset

COUNTY _____

**FOR OBSERVATION
PURPOSES ONLY**

25 32.481

WELL RECORD

25 25107

1. OWNER RCA CORPORATION ADDRESS ROUTE 202
- Owner's Well No. 1 SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Lot: 9 Block: 141 Municipality: Somerville Boro
3. DATE COMPLETED 5-14-84 DRILLER Diamond Drilling Co., Inc.
4. DIAMETER: Top 2 inches Bottom _____ inches TOTAL DEPTH 14' Feet
5. CASING: Type PVC Diameter 2 inches Length 1 Feet
6. SCREEN: Type PVC Size of Opening _____ Diameter 2 inches Length 13 Feet
- Range in Depth { Top _____ Feet
Bottom _____ Feet
- Geologic Formation DECOMPOSED SHALE
- Tail Piece: Diameter _____ inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
- Water rises to _____ Feet above surface
8. RECORD OF TEST: Date _____ Yield _____ Gallons per minute
- Static water level before pumping 7' 11" Feet below surface
- Pumping level _____ feet below surface after _____ hours pumping
- Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
- How pumped _____ How measured _____
- Observed effect on nearby wells _____
9. PERMANENT PUMPING EQUIPMENT:
- Type _____ Mfrs. Name _____
- Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
- Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
- Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR OBSERVATION AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER 7 Sample: Yes _____ No 1
- Taste 7 Odor NO Color CLEAR Temp. 7 °F.
12. LOG _____ Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA _____
- DATA OBTAINED BY Joe Dutilleul Date 5-14-84

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

PROJECT RCA
Rt. 202
Somerville, N.J.

Diamond Drilling Co. Inc.

R. D. 3, BOX 365
JACKSON, N. J. 08527
BORING LOG

SHEET 1 OF 1
Job No. _____
BORING NO. 1
LINE & STA. _____
OFFSET _____

Permit # <u>25-25107-1</u> 25.32.481	DATE, START: _____	GROUND ELEVATION _____
	DATE, FINISH: <u>5/14/84</u>	GROUND WATER ELEV. <u>7'11"</u>

CASING O.D. _____ I.D. _____	CASING _____ LBS.	HAMMER FALL ON _____
SAMPLER O.D. _____ I.D. _____	WEIGHT OF HAMMER _____	SAMPLER _____ LBS.
COUPLING O.D. _____ I.D. _____	INSIDE LENGTH OF SAMPLER _____ IN.	CASING _____ SAMPLER _____

[illegible]

Soils Engineer: _____ Driller: Louis Ontek
Drilling Inspector: _____ Helper: Walter Ontek

VISUAL IDENTIFICATION TERMS USED

	Clayey Soils	At Ball Moisture	Relative Density (D_R) of granular soils	Consistency of Clayey soils
Clayey SILT	slight PI	Thread 1/4"	loose (L) 0 - 40%	soft (S) 0.1 - 0.5 tsf
SILT & CLAY	low PI	Thread 1/8"	medium compact (MC) 40 - 70%	firm (F) 0.5 - 1.0 tsf
CLAY & SILT	medium PI	Thread 1/16"	compact (C) 70 - 90%	med. hard (MH) 1.0 - 2.0 tsf
Silty CLAY	high PI	Thread 1/32"		hard (H) 2.0 - 4.0 tsf
CLAY	very high PI	Thread 1/64"	very compact	very hard (VH) over 4.0 tsf

Proportions used: trace = 1 - 10%, little = 10 - 20%, some = 20 - 35%, and = 35 - 50%

WELL OBSERVATION
PURPOSES ONLYSTATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

Coord: 2532481

22

PERMIT NO. 2525109

APPLICATION NO. _____

Somerset

COUNTY _____

25.32.481

WELL RECORD

2525108

1. OWNER RCA CORPORATTIN ADDRESS ROUTE 202
- Owner's Well No. 2 SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Lot: 9 Block: 141 Municipality: Somerville Boro
3. DATE COMPLETED 5-14-84 DRILLER Diamond Drilling Co., Inc.
4. DIAMETER: Top 2 inches Bottom _____ inches TOTAL DEPTH 13 Feet
5. CASING: Type PVC Diameter 2 Inches Length 5 Feet
6. SCREEN: Type PVC Size of Opening 30 Diameter 2 Inches Length 10 Feet
- Range in Depth { Top _____ Feet
Bottom _____ Feet
- Geologic Formation DECOMPOSED TPALE
- Tail Piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date _____ Yield _____ Gallons per minute
Static water level before pumping 4'-2" Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells _____
9. PERMANENT PUMPING EQUIPMENT:
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR OBSERVATION AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER ? Sample: Yes _____ No _____
Taste ? Odor NO Color CLEAR Temp. _____ °F.
12. LOG _____ Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA _____
- DATA OBTAINED BY NOV'S CENTER Date 5-14-84

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

Proportions used: trace : 1 - 10%, little : 10 - 20%, some : 20 - 35%, and : 35 - 50%

**MONITORING WELL RECORD**

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Well Permit No. 25 - 56240Atlas Sheet Coordinates 25 : 32 482OWNER IDENTIFICATION - Owner EXXON MOBIL CORP.Address 1900 E. LINDEN AVE.City LINDEN State NJ Zip Code _____WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-11 (NESTED)County SOMERSET Municipality RARITAN BORO Lot No. 4 Block No. 41Address 403 ROUTE 202 NORTHDATE WELL STARTED 5 / 17 / 00
DATE WELL COMPLETED 5 / 17 / 00TYPE OF WELL (as per Well Permit Categories) MONITORING

Regulatory Program Requiring Well _____ Case I.D.# _____

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Geologic Services Tele. # _____**WELL CONSTRUCTION**Total depth drilled 30 ft.Well finished to 30 ft.

Borehole diameter:

Top 10 in.Bottom 10 in.Well was finished: ☐ above grade
☒ flush mountedIf finished above grade, casing height (stick
up) above land surface 0 ft.

Steel protective casing installed?

☒ Yes ☐ NoStatic water level after drilling 7 ft.
M-ScopeWater level was measured using 1Well was developed for _____ hours
at 5 gpmMethod of development sub pumpWas permanent pumping equipment installed? ☐ Yes ☒ NoPump capacity 0 gpmPump type: noneDrilling Fluid none Type of Rig T3WHealth and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None () C B A

I certify that I have constructed the above referenced well in
accordance with all well permit requirements and applicable
State rules and regulations.

Drilling Company SBI ENVIRONMENTAL INC.Well Driller (Print) William Ellefsen

Driller's Signature

Registration No. 1173 Date 5 / 22 / 00

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	3"	3'	2"	PVC	SCH 40
Middle Casing (for triple cased wells only)	3"	20'	2"		
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used .020)	3'	15'	2"	PVC	SCH 40
Blank Casings (No. Used)	20'	30'	2"		
Tail Piece					
Gravel Pack	2'	15'		#2 well sand	94
Grout	18'	30'			
	6"	2'		Neat Cement Bentonite	188 lbs. 6 lbs.
	15'	18'			12

Grouting Method gravityDrilling Method air rotary**GEOLOGIC LOG**Note each depth where water was encountered in consolidated
formations.0 - 1' gravel1' - 20' red brown medium clayey sand20' - 30' weathered red shale

*Rav. Tan, Somerset Co.*25.32.782 ☒ V

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
Division of Water Policy & Supply
WELL RECORD

Permit No. 25-1182

Application No. _____

County _____

25.32.48225.1182

1. OWNER Harry J. Fitzpatrick ADDRESS 36 Anglone Drive, Somerville, N.J.
Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)

2. LOCATION Somerville, Somerset

3. DATE COMPLETED 9/21/51 DRILLER Richard Cronce

4. DIAMETER: Top 6 Inches Bottom 6 Inches TOTAL DEPTH 165 Feet

5. CASING: Type Drive Diameter 6 Inches Length 21 Feet

6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet

Range in Depth { Top _____ Feet Geologic Formation T 6
Bottom _____ Feet

Tail piece. Diameter _____ Inches Length _____ Feet

7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface

8. RECORD OF TEST: Date 9/21/51 Yield 10 Gallons per minute
Static water level before pumping 95 Feet below surface
Pumping level 120 feet below surface after 5 hours pumping
Drawdown 25 Feet Specific Capacity 3.400 Gals. per min. per ft. of drawdown
How Pumped Cylinder How measured Bucket
Observed effect on nearby wells none

9. PERMANENT PUMPING EQUIPMENT:

Type _____ Capacity _____ Gallons per minute

How Driven _____ Horse Power _____ R.P.M. _____

Depth of pump in well _____ Feet Depth of Foot piece in well _____ Feet

Depth of Air Line in well _____ Feet Type of Meter on Pump _____

10. USED FOR Domestic AMOUNT { Average 90 Gallons Daily
Maximum 180 Gallons Daily

11. QUALITY OF WATER _____ Sample: Yes _____ No. _____
Taste none Odor none Color clear Temperature _____ °F

12. LOG Red shale Are samples available? _____
(Give details on back of sheet or on separate sheet)

13. SOURCE OF DATA Driller

14. DATA OBTAINED BY Richard Cronce DATE 9/21/51

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WELL RECORD

Well Permit No. 25-44493
Atlas Sheet Coordinates 25: 32: 482OWNER IDENTIFICATION - Owner TOZZI, NICK
Address 620 TALAMINT ROAD
City BRIDGEWATER State NJ Zip Code 08807WELL LOCATION - If not the same owner please give address. Owner's Well No. _____
Address VONES LANE
County SOMERSET Municipality BRIDGEWATER TWP Lot No. 3203 Block No. 62WELL USE WITHDRAWAL Status STANDBYWATER USE DOMESTIC Average 400 gals. daily Maximum 800 gals. dailyWELL CONSTRUCTION Date well completed 02 / 03 / 94
BOREHOLE DIMENSIONS Depths: Total 300 ft. Finished 300 ft.
Diameter: Top 10 in. Bottom 6 in.
Land Surface Elevation at well 153 ft. Elevation was determined using TOPOGRAPHIC SHEET
Casing Height (stick-up) above land surface 1.5 ft.

	DEPTH TO TOP (FT.)	LENGTH (FT.)	DIAMETER (IN.)	TYPE AND MATERIAL Screens: Note Slot Size(s)
Casing 1		<u>62</u>	<u>6</u>	<u>STEEL</u>
Casing 2				
Casing 3				
Screen 1				
Screen 2				
Tail Piece				
Gravel Pack				
Grout	<u>3</u>	<u>57.5</u>		<u>1:1 mix cement grout</u>
Grouting Method	<u>gravity/casement displacement</u>			

WELL FLOWS NATURALLY _____ gals. per min. at _____ ft. above the land surface.
Water rises to _____ ft. above the land surface.RECORD OF TEST Test Date 02 / 03 / 94
Static water-level before pumping 140 ft. below land surface. Water level 250 ft. below land surface after 4 hrs. of pumping.
Water level was measured using TAPE Drawdown 110 ft.
Discharge rate measured using CONTAINER Discharge Rate 12 gals. per min.
Well was pumped using AIR Specific Capacity 11 gals. per min. per ft. of drawdown
Observed effects on nearby wells NONE OBSERVED
Water Quality (taste, odor, color, etc.) ALL GOODPERMANENT PUMPING EQUIPMENT Installed by HUNTERDON WELL & PUMP Pump Type SUBMERSIBLE
Mfrs. Name RED JACKET Model _____
CAPACITY: Pump delivers 10 GPM at 60 PSI pressure.
POWER: 3/4 HP at 3450RPM Power Source ELECTRIC
DEPTHS: Pump 210 ft. Footpiece _____ ft. Airline _____ ft.
FLOW METER: Model _____ installed on _____ in. diameter pipe.CONTRACTOR - Name of Drilling Contractor SOMERVILLE WELL DRILLING CO.
Address 318 VANDERVEER ROAD
City BRIDGEWATER State NJ Zip Code 08807
Name of Driller PAUL THOMAS License No. J1291Signature of Contractor [Signature] Date 02 / 03 / 94
COPIES: White - DEPE Canary - Driller Pink - Owner Goldenrod - Health Dept.

Well Permit No.

No. 25 - 44493
2532482

Aquifer/Geo. Fm. RED SHALE

0-20' OVERBURDEN
20-300' RED SHALE

Date / /

Thick. Lith. Em.

[illegible]

NJPDES No. _____

Longitude ° ' "

1. $\frac{1}{2}$ 2. $\frac{1}{2}$ 3. $\frac{1}{2}$ 4. $\frac{1}{2}$ 5. $\frac{1}{2}$ 6. $\frac{1}{2}$ 7. $\frac{1}{2}$ 8. $\frac{1}{2}$ 9. $\frac{1}{2}$ 10. $\frac{1}{2}$

Drainage Basin Code

County/Municipality Code

☐ Water Level DataDate / /



MONITORING WELL RECORD

Well Permit No. 25 - 38109
Atlas Sheet Coordinates 25 : 32 : 482OWNER IDENTIFICATION - Owner ORTHODIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NJ Zip Code 08849WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-20
County Somerset Municipality RARITAN HOB Lot No. 4 Block No. 31
Address Same as AboveTYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 2 19 191
Regulatory Program Requiring Well BCRA Case I.D. #
CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Dennis Moore Tele. # 908-272-8300

WELL CONSTRUCTION

Total depth drilled 30 ft.Well finished to 30 ft.

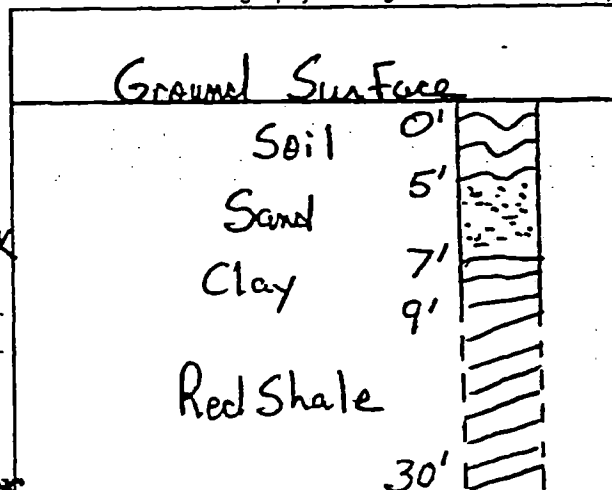
Borehole diameter:

Top 10 in.Bottom 6 in.Well was finished: ☐ above grade
☒ flush mountedIf finished above grade, casing
height (stick up) above land
surface — ft.

Was steel protective casing installed?

☐ Yes ☒ NoStatic water level after drilling 19.7 ft.Water level was measured using M-ScopeWell was developed for 1.5 hours at 2.1 gpmMethod of development Air From Drill RigWas permanent pumping equipment installed? ☐ Yes ☒ NoPump capacity — gpmPump type: —Drilling Method Air RotaryDrilling Fluid Air Type of Rig Drilltek D40KName of Driller Jim HallHealth and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None (C) B AN.J. License No. 1469Name of Drilling Company SAMUEL STOTHOFF CO., INC.

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	<u>0</u>	<u>16</u>	<u>6</u>	<u>Sch 40 Steel</u>
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	<u>0</u>	<u>16</u>	—	<u>Portland Cement</u>
Method of Grouting	<u>Pressure Grout w/ trimie line</u>			

GEOLOGIC LOG (Copies of other geologic logs and/or
geophysical logs should be attached.)I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
State rules and regulations.Driller's Signature Jim HallDate 2/20/91



MONITORING WELL RECORD

Well Permit No. 25 - 38110
Atlas Sheet Coordinates 25 : 32 : 482OWNER IDENTIFICATION - Owner ORTHODIAGNOSTIC SYSTEMS
Address ROUTE 202
City BARITAN State NJ Zip Code 08869WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-21
County Somerset Municipality BARITAN BORO Lot No. 4 Block No. 31
Address Somerset AveTYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 2, 9, 91
Regulatory Program Requiring Well RCRA Case I.D. #
CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Dana & Moore Tele. # 908-272-8300

WELL CONSTRUCTION

Total depth drilled 30 ft.Well finished to 30 ft.

Borehole diameter:

Top 10 in.Bottom 6 in.Well was finished: ☐ above grade
☒ flush mountedIf finished above grade, casing
height (stick up) above land
surface — ft.

Was steel protective casing installed?

☐ Yes ☒ NoStatic water level after drilling 8.28 ft.Water level was measured using M-ScopeWell was developed for .5 hours at 21 gpmMethod of development Air From Drill RigWas permanent pumping equipment installed? ☐ Yes ☒ NoPump capacity — gpmPump type: —Drilling Method Air RotaryDrilling Fluid Air Type of Rig Drilltek D40KName of Driller Jim HallHealth and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None (D) C B AN.J. License No. 1469Name of Drilling Company SAMUEL STOTHOFF CO., INC.

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	0	14	6	Sch 40 Steel
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	0	14	—	Portland Cement
Method of Grouting	Pneum Grout w/ Trimie Line			

GEOLOGIC LOG

(Copies of other geologic logs and/or
geophysical logs should be attached.)

Ground Surface	
Black Top & Gravel	0' to 1' 00"
Fill	1' 00" to 5' 00"
Clay	5' 00" to 8' 00"
Red Shale	8' 00" to 30' 00"

I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
State rules and regulations.Driller's Signature Jim HallDate 2/20/91

DWR-138 M
6/89New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25 - 38111
Atlas Sheet Coordinates 25 : 32 : 482OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NI Zip Code 08869WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-22
County Hunterdon Municipality RARITAN BORO Lot No. 4 Block No. 31
Address Same as AboveTYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 2.9.91
Regulatory Program Requiring Well BCRA Case I.D. # _____
CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Dana Moore Tele. # 908-272-8300

WELL CONSTRUCTION

Total depth drilled 30 ft.Well finished to 30 ft.Borehole diameter:
Top 10 in.
Bottom 6 in.Well was finished: ☐ above grade
☒ flush mountedIf finished above grade, casing
height (stick up) above land
surface ft.Was steel protective casing installed?
☐ Yes ☒ NoStatic water level after drilling 20 ft.Water level was measured using M-ScopeWell was developed for 1.5 hours at 27 gpmMethod of development Air From Drill RigWas permanent pumping equipment installed? ☐ Yes ☒ No

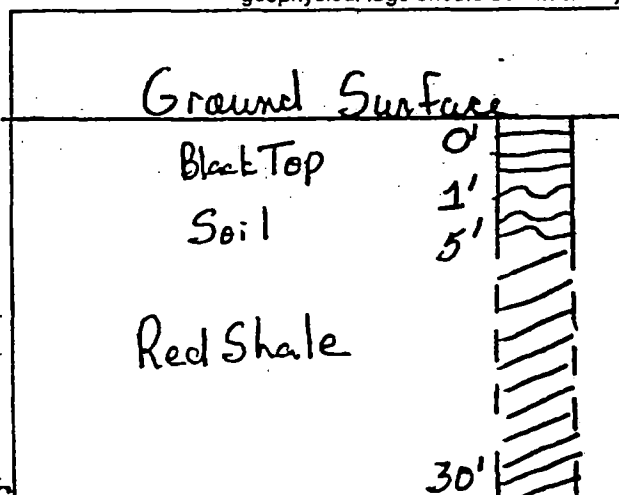
Pump capacity _____ gpm

Pump type: _____

Drilling Method Air RotaryDrilling Fluid Air Type of Rig Driller D40KName of Driller Jim HallHealth and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None (D) C B AN.J. License No. 1469Name of Drilling Company SAMUEL STUBBINS CO., INC.

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	0	10	6	Sch 40 Steel
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	0	10	—	Portland Cement
Method of Grouting	Pressure Grout w/trimie Line			

GEOLOGIC LOG

(Copies of other geologic logs and/or
geophysical logs should be attached.)I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
State rules and regulations.

Driller's Signature

Jim Hall

Date

2/20/91

DWR-138 M
6/89New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25 - 37997
Atlas Sheet Coordinates 25 : 32 : 482OWNER IDENTIFICATION - Owner ORTHODIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NJ Zip Code 08869WELL LOCATION - If not the same as owner please give address. Owner's Well No. P2
County Somerset Municipality RARITAN BORO Lot No. 4 Block No. 31
Address Somerset AveTYPE OF WELL (as per Well Permit Categories) PIEZOMETER Date well completed 1/22/91
Regulatory Program Requiring Well RCRA Case I.D. #
CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Dennis Moore Tele. # 201-272-8300

WELL CONSTRUCTION

Total depth drilled 10.6 ft.Well finished to 10.6 ft.

Borehole diameter:

Top 6 in.Bottom 6 in.Well was finished: ☐ above grade
☒ flush mountedIf finished above grade, casing
height (stick up) above land
surface — ft.

Was steel protective casing installed?

☐ Yes ☒ NoStatic water level after drilling 6 ft.Water level was measured using M-ScaphWell was developed for 1 hours at Trace gpmMethod of development 2" Teflon BraidWas permanent pumping equipment installed? ☐ Yes ☒ NoPump capacity — gpmPump type: —Drilling Method Hollow Stem AugerDrilling Fluid None Type of Rig Acker Soil/MaxName of Driller Paul UnabelHealth and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None C B AN.J. License No. 31545Name of Drilling Company SAMUEL STOTHOFF CO., INC

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	0	3.6	2	Sch 40 PUC
Screen (Note slot size)	3.6	10.6	2	Sch 40 PUC .0105/64
Tail Piece	—	—	—	—
Gravel Pack	2.6	10.6	—	#25 sterilized Gravel
Annular Seal/Grout	1.6	2.6	—	Grout Pellets
Method of Grouting	Mixed in 5 gallon Pail & Poured			

GEOLOGIC LOG

(Copies of other geologic logs and/or
geophysical logs should be attached.)

Ground Surface			
Split Spoon Sample	Blow Counts		
1-0'-2'	2-2	Red Clay	2'
	3-5	Soil	
2-2'-4'	6-13	Clay & Weathered	3.6'
	18-27	Shale	4' - 3.6'
3-4'-6'	19-32	Red Shale	
	53-76		
4'-6'-8'	60-70	Red Shale	6'
	112-		
5-8'-8.5'	100-	Red Shale	8'
	Retained		
			10' - 10.6'

I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
State rules and regulations.

Driller's Signature

Paul Unabel

Date

2/4/91

Form 87-5M-4-49

Raritan, Somerset

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
Division of Water Policy & Supply
WELL RECORD

25.32.782 ☒
Permit No. **25-1054**
Application No.
County **25.32.482**
25.1054

1. OWNER Rocco Calabrese ADDRESS Main Street, Raritan

Owner's Well No. SURFACE ELEVATION Feet
(Above mean sea level)

2. LOCATION Raritan, Somerset

3. DATE COMPLETED 9/10/51 DRILLER Richard Cronic

4. DIAMETER: Top 6 Inches Bottom 6 Inches TOTAL DEPTH 90 Feet

5. CASING: Type Drive Diameter 6 Inches Length 20 Feet

6. SCREEN: Type Size of Opening Diameter Inches Length Feet

Range in Depth { Top Feet Geologic Formation FS
Bottom Feet

Tail piece: Diameter Inches Length Feet

7. WELL FLOWS NATURALLY Gallons per Minute at Feet above surface

Water rises to Feet above surface

8. RECORD OF TEST: Date 9/10/51 Yield 35.5 Gallons per minute

Static water level before pumping 10 Feet below surface

Pumping level 20 feet below surface after 3.50 hours pumping

Drawdown 10 Feet Specific Capacity 10 Gals. per min. per ft. of drawdown

How Pumped Cylinder How measured Bucket

Observed effect on nearby wells None

9. PERMANENT PUMPING EQUIPMENT:

Type Capacity Gallons per minute

How Driven Horse Power R.P.M.

Depth of pump in well Feet Depth of foot piece in well Feet

10. USED FOR Domestic AMOUNT { Average 90 Gallons Daily
Maximum 180 Gallons Daily

11. QUALITY OF WATER Sample: Yes. No.

Taste None Odor None Color Clear Temperature °F

12. LOG Red Shale Are samples available?
(Give details on back of sheet or on separate sheet)

13. SOURCE OF DATA Driller

14. DATA OBTAINED BY Richard Cronic DATE 9/10/51

..... of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map.

FORM 87-

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

Permit No. 25-6419
Application No. _____
County _____

WELL RECORD

25-32.483
25.6419

1. OWNER Mr. J. Gerard ADDRESS Raritan, N.J.
Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Raritan, Somerset County
3. DATE COMPLETED 2/14/57 DRILLER I. & P. Electrical & Machine Co., Inc.
4. DIAMETER: top 8 Inches Bottom 6 Inches TOTAL DEPTH 200 Feet
5. CASING: Type steel Diameter 6 Inches Length 30 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range { Top _____ Feet Geologic Formation _____
Bottom _____ Feet
- Tail piece. Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY no Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date 2/14/57 Yield 12 Gallons per minute
Static water level before pumping 60 Feet below surface
Pumping level 120 feet below surface after 4 hours pumping
Drawdown 70 Feet Specific Capacity 12 Gals. per min. per ft. of drawdown
How Pumped Machine How measured Barrel
Observed effect on nearby wells no
9. PERMANENT PUMPING EQUIPMENT:
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Depth of Meter on Pump _____
10. USED FOR _____ AMOUNT Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER good Sample: Yes _____ No _____
Taste X Odor X Color _____ Temp. _____ °F
12. LOG red shale Are samples available _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA Arthur Gall
14. DATA OBTAINED BY same Date 2/14/57

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, etc.)

RECEIVED

JAN 6 1950

Department of Conservation
& Economic Development
Geologic & Top. Survey

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
Division of Water Policy & Supply
WELL RECORD

Permit No. 25-579

Application No.

County Somerset

25.32.483

25.579

1. OWNER Ortho Pharmaceutical Corp ADDRESS Raritan, N.J.

Owner's Well No. 3 SURFACE ELEVATION +160' Feet
(Above mean sea level)

2. LOCATION Boro of Raritan, Somerset Co., N.J.

3. DATE COMPLETED Dec 11, 49 DRILLER Mr. Stothoff Co. Inc.

4. DIAMETER: Top 8 Inches Bottom 8 Inches TOTAL DEPTH 325.6' Feet

5. CASING: Type Drive Pipe Diameter 8 Inches Length 33.10' Feet

6. SCREEN: Type Size of Opening Diameter Inches Length Feet

Range in Depth { Top Feet Geologic Formation Feet
Bottom Feet

Tail piece: Diameter Inches Length Feet

7. WELL FLOWS NATURALLY Gallons per Minute at Feet above surface

Water rises to Feet above surface

8. RECORD OF TEST: Date no test made Yield Gallons per minute

Static water level before pumping Feet below surface

Pumping level feet below surface after hours pumping

Drawdown Feet Specific Capacity Gals. per min. per ft. of drawdown

How Pumped How measured

Observed effect on nearby wells

9. PERMANENT PUMPING EQUIPMENT:

Type ? Capacity Gallons per minute

How Driven Horse Power R.P.M.

Depth of pump in well Feet Depth of foot piece in well Feet

10. USED FOR AMOUNT { Average Gallons Daily
Maximum Gallons Daily

11. QUALITY OF WATER Sample: Yes. No.

Taste Odor Color Temperature °F

12. LOG See other side Are samples available? no
(Give details on back of sheet or on separate sheet)

13. SOURCE OF DATA Well Statement

14. DATA OBTAINED BY H.J.Stothoff DATE Dec 14, 1949



MANDEX OF NEW JERSEY, INC., 800 Campus Drive, P.O. Box 451, Morristown, New Jersey 07761-0451 (201) 836-8500

BORING LOG

Well No.	W-1	Permit No.	25-33387-9	Coordinate No.	25.32.4.83
Date Drilled	December 8, 1988	County	Somerset	Use	Monitoring
Location	Route 202 and Ortho Drive, Somerville, New Jersey				
Owner	Ortho Pharmaceutical	Address	Rt 202, P.O. Box 300, Raritan, NJ		
Drilling Method	Air Rotary	Sampling Method	Drill Cuttings		
Hole Diameter	8"	Total Depth	16'		
CASING: Type	PVC Schedule 40	Diameter	4"	Length	2'
SCREEN: Type	PVC Schedule 40	Slot	20	Diameter	4"
		Length	14'		
Gravel Pack Size	#1 morie	Casing Seal	bentonite	Static Water Level	

DEPTH BELOW SURFACE	SAMPLE NUMBER	BLOWS PER 6" ON SAMPLER	WELL DESIGN	IDENTIFICATION OF SOILS/REMARKS
5			W E L L S C R E E N	Bentonite seal
				Soild casing
				#1 Morie sand pack
10				
15				
20				

NOTE: Engineer from Ortho Pharmaceutical maintained the boring log not available to Handex of New Jersey

LP



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HANDEX OF NEW JERSEY, INC., 800 Campus Drive, P.O. Box 451, Morganville, New Jersey 07751-0451 (201) 836-8500

BORING LOG

Well No. W-2 Permit No. 25-33388-7 Coordinate No. 25.32.4.83
Date Drilled December 8, 1988 County Somerset Use Monitoring
Location Route 202 and Ortho Drive, Somerville, New Jersey
Owner Ortho Pharmaceutical Address Rt 202, P.O. Box 300, Raritan, NJ
Drilling Method Air Rotary Sampling Method Drill Cuttings
Hole Diameter 8" Total Depth 16'
CASING: Type PVC Schedule 40 Diameter 4" Length 2'
SCREEN: Type PVC Schedule 40 Slot 20 Diameter 4" Length 14'
Gravel Pack Size #1 morie Casing Seal bentonite Static Water Level

DEPTH BELOW SURFACE	SAMPLE NUMBER	BLOWS PER 6" ON SAMPLER	WELL DESIGN	IDENTIFICATION OF SOILS/REMARKS
5			W E L L	Bentonite seal
				Soild casing
				#1 Morie sand pack
10			S C R E E N	
15				
20				

NOTE: Engineer from Ortho Pharmaceutical maintained the boring log not available to Handex of New Jersey

3.500

Well No.	W-4	Permit No.	25-33390-9	Coordinate No.	25.32.4.83
Date Drilled	December 8, 1988	County	Somerset	Use	Monitoring
Location	Route 202 and Ortho Drive, Somerville, New Jersey				
Owner	Ortho Pharmaceutical	Address	Rt 202, P.O. Box 300, Raritan, NJ		
Drilling Method	Air Rotary	Sampling Method	Drill Cuttings		
Hole Diameter	8"	Total Depth	16'		
CASING: Type	PVC Schedule 40	Diameter	4"	Length	2'
SCREEN: Type	PVC Schedule 40	Slot	20	Diameter	4"
				Length	14'
Gravel Pack Size	#1 morie	Casing Seal	bentonite	Static Water Level	

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STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

37

484
25-32
PERMIT NO. 25-23315

APPLICATION NO. _____

COUNTY _____

25.32.484

25-23315

WELL RECORD

1. OWNER Fisher Scientific ADDRESS Rt. 202, Somerville, N.J.
Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Lot #1 Block #2305 Bridgewater Twp.
3. DATE COMPLETED 10-19-82 DRILLER Wm. Stothoff Co., Inc.
4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 90 Feet
5. CASING: Type Steel Diameter 6 inches Length 20 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ inches Length _____ Feet
- Range in Depth { Top _____ Feet
Bottom _____ Feet
- Geologic Formation _____
- Tail Piece: Diameter _____ inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date _____ Yield _____ Gallons per minute
Static water level before pumping _____ Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells Unknown
9. PERMANENT PUMPING EQUIPMENT:
Type N/A Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches
10. USED FOR Monitoring well AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER N/A Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG 0-13' overburden--13-90' Red shale Are samples available? no
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Wm. Stothoff Co., Inc.
14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 10-27, 1982

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

38
25.32.484
PERMIT NO. 25-23316

APPLICATION NO. _____

COUNTY _____

25.32.484

WELL RECORD

25-23316

1. OWNER Fisher Scientific ADDRESS Rt. 202 Somerville, N.J. 08876
Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Lot #1 Block #2305 Bridgewater Twp.
3. DATE COMPLETED 10-18-82 DRILLER Wm. Stothoff Co., Inc.
4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 155 Feet
5. CASING: Type Steel Diameter 6 inches Length 21'6" Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ inches Length _____ Feet
Range in Depth { Top _____ Feet
Bottom _____ Feet Geologic Formation _____
Tail Piece: Diameter _____ inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date _____ Yield _____ Gallons per minute
Static water level before pumping _____ Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells Unknown
9. PERMANENT PUMPING EQUIPMENT:
Type N/A Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches
10. USED FOR Monitoring Well AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER Unknown Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG 0-12' overburden 12-155' Solid red shale Are samples available? no
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
- SOURCE OF DATA Wm. Stothoff Co., Inc.
14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date Oct. 27, 1982

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated,

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

PERMIT NO. 25-23317
APPLICATION NO. _____
COUNTY _____

25.32.484

WELL RECORD

2523317

1. OWNER Fisher Scientific ADDRESS Rt. 202, Somerville, N.J. 08876
Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Lot #1 Block #2305 Bridgewater Twp.
3. DATE COMPLETED 10-19-82 DRILLER Wm. Stothoff Co., Inc.
4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 98 Feet
5. CASING: Type steel Diameter 6 Inches Length 21' 6" Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range in Depth { Top _____ Feet
Bottom _____ Feet Geologic Formation _____
Tail Piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date _____ Yield _____ Gallons per minute
Static water level before pumping _____ Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells Unknown
9. PERMANENT PUMPING EQUIPMENT:
Type N.A. Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Monitoring Well AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER Unknown Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG 0-15' overburden 15-98' Red shale Are samples available? No
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
- SOURCE OF DATA Wm. Stothoff Co., Inc.
14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 10-27-82

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated,

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

25-32.484
PERMIT NO. 25-23318

APPLICATION NO. _____

COUNTY _____

25-32.484

WELL RECORD

25-23318

1. OWNER Fisher Scientific ADDRESS Rt. 202, Somerville, N.J. 08876

Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)

2. LOCATION Lot #1 Block #2305 Bridgewater, N.J.

3. DATE COMPLETED 10-19-82 DRILLER Wm. Stothoff Co., Inc.

4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 105 Feet

5. CASING: Type steel Diameter 6 Inches Length 20' 5" Feet

6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet

Range in Depth { Top _____ Feet
Bottom _____ Feet

Geologic Formation _____

Tail Piece: Diameter _____ Inches Length _____ Feet

7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface

Water rises to _____ Feet above surface

8. RECORD OF TEST: Date _____ Yield _____ Gallons per minute

Static water level before pumping _____ Feet below surface

Pumping level _____ feet below surface after _____ hours pumping

Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown

How pumped _____ How measured _____

Observed effect on nearby wells Unknown

9. PERMANENT PUMPING EQUIPMENT:

Type N/A Mfrs. Name _____

Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____

Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet

Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches

10. USED FOR Monitoring Well AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily

11. QUALITY OF WATER Unknown Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ °F.

12. LOG 0-8' overburden 8-105' solid red shale Are samples available? no
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)

SOURCE OF DATA Wm. Stothoff Co., Inc.

14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 10-27, 1982

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

PERMIT NO. 25-24056

APPLICATION NO. _____

COUNTY _____

25 32484
WELL RECORD

25.24056

1. OWNER Fisher Scientific ADDRESS Rt. 202, Somerville, N.J. 08876
Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Lot #1- Block #2305 Bridgewater Twp. Somerset County
3. DATE COMPLETED 8-26, 1983 DRILLER Wm. Stothoff Co., Inc.
4. DIAMETER: Top 8 inches Bottom 6 inches TOTAL DEPTH 85 Feet
5. CASING: Type steel Diameter 6 Inches Length 20 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range in Depth { Top _____ Feet
Bottom _____ Feet Geologic Formation _____
Tail Piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date 9-26-83 Yield 1 Gallons per minute
Static water level before pumping 72 Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells unknown
9. PERMANENT PUMPING EQUIPMENT:
Type Submersible Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR monitoring well AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER unknown Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG Red shale Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Wm. Stothoff Co., Inc.
14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 9-26, 1983

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated,

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

PERMIT NO. 25-24057
APPLICATION NO. _____
COUNTY _____

2532484
WELL RECORD
25.24057

1. OWNER Fisher Scientific ADDRESS Rt. 202, Somerville, N.J. 08876
Owner's Well No. _____ SURFACE ELEVATION _____ Feet
Lot: #1, Block #2305 Bridgewater Twp., Somerset County (Above mean sea level)
2. LOCATION _____
3. DATE COMPLETED 8-27, 1983 DRILLER Wm. Stothoff Co., Inc.
4. DIAMETER: Top 8 inches Bottom 6 inches TOTAL DEPTH 85 Feet
5. CASING: Type steel Diameter 6 Inches Length 20 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range in Depth { Top _____ Feet
Bottom _____ Feet
Geologic Formation _____
Tail Piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date 9-27-83 Yield 1 Gallons per minute
Static water level before pumping 72 Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells unknown
9. PERMANENT PUMPING EQUIPMENT:
Type N/A Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Domestic AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER unknown Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG Red Shale Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Wm. Stothoff Co., Inc.
14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 9-27-83

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

PERMIT NO. 25-04058

APPLICATION NO. _____

COUNTY _____

25 32484
WELL RECORD

25-04058

1. OWNER Fisher Scientific ADDRESS Rt. 202, Somerville, N.J.

Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)

2. LOCATION lot #1 - Block # 2305 Bridgewater Twp. - Somerset County

3. DATE COMPLETED 9-27-83 DRILLER Wm. STOTHOFF CO. INC.

4. DIAMETER: Top 8 inches Bottom 6 inches TOTAL DEPTH 85 Feet

5. CASING: Type Steel Diameter 6 Inches Length 20' 7" Feet

6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet

Range in Depth { Top _____ Feet
Bottom _____ Feet
Geologic Formation _____

Tail Piece: Diameter _____ Inches Length _____ Feet

7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface

Water rises to _____ Feet above surface

8. RECORD OF TEST: Date 9-27-83 Yield 3 Gallons per minute

Static water level before pumping 70 Feet below surface

Pumping level _____ feet below surface after _____ hours pumping

Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown

How pumped _____ How measured _____

Observed effect on nearby wells unknown

9. PERMANENT PUMPING EQUIPMENT:

Type N/A Mfrs. Name _____

Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____

Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet

Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches

10. USED FOR Observation hole AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily

11. QUALITY OF WATER unknown Sample: Yes _____ No _____

Taste _____ Odor _____ Color _____ Temp. _____ °F.

12. LOG Red Shale Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)

13. SOURCE OF DATA Wm. Stothoff Co. Inc.

14. DATA OBTAINED BY Wm. Stothoff Co. Inc. Date 10-31-83

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

Coord: 2532459

PERMIT NO. 2525452

APPLICATION NO. _____

COUNTY Somerset

FOR MONITORING
PURPOSES ONLY

25.32.459

WELL RECORD

25.25A52

1. OWNER FISHER SCIENTIFIC ADDRESS RT. 202
Owner's Well No. 10X SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Loc: 1 Block: 2305 Municipality: Bridgewater Twp.
3. DATE COMPLETED 11/02/84 DRILLER William Stothoff
4. DIAMETER: Top 6 inches Bottom 6 inches TOTAL DEPTH 250 Feet
5. CASING: Type steel Diameter 6 Inches Length 230 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
- Range in Depth { Top _____ Feet
Bottom _____ Feet
- Geologic Formation _____
- Tail Piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date 11/2/84 Yield 50 Gallons per minute
Static water level before pumping _____ Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells _____
9. PERMANENT PUMPING EQUIPMENT:
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Monitoring AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG _____ Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Wm. Stothoff Co., Inc.
14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 11/27/84

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

Coord: 2532459

PERMIT NO. 2525454

APPLICATION NO. _____

COUNTY Somerset

FOR MONITORING
PURPOSES ONLY

25.32.459

WELL RECORD

25.25494

1. OWNER FISHER SCIENTIFIC ADDRESS RT. 202

Owner's Well No. 7-I SURFACE ELEVATION _____ Feet
(Above mean sea level)

2. LOCATION Lot: 1 Block: 2305 Municipality: Bridgewater Twp.

3. DATE COMPLETED 10/19/84 DRILLER William Stothoff

4. DIAMETER: Top 6 inches Bottom 6 inches TOTAL DEPTH 110 Feet

5. CASING: Type steel Diameter 6 Inches Length _____ Feet

6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet

Range in Depth { Top _____ Feet
Bottom _____ Feet
Geologic Formation _____

Tail Piece: Diameter _____ Inches Length _____ Feet

7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface

Water rises to _____ Feet above surface

RECORD OF TEST: Date 10/19/84 Yield 50 Gallons per minute

Static water level before pumping _____ Feet below surface

Pumping level _____ feet below surface after _____ hours pumping

Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown

How pumped _____ How measured _____

Observed effect on nearby wells _____

9. PERMANENT PUMPING EQUIPMENT:

Type _____ Mfrs. Name _____

Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____

Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet

Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches

10. USED FOR Monitoring AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily

11. QUALITY OF WATER _____ Sample: Yes _____ No _____

Taste _____ Odor _____ Color _____ Temp. _____ °F.

12. LOG _____ Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)

13. SOURCE OF DATA Somerville Well Drilling

14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 11/27/84

**FOR MONITORING
PURPOSES ONLY**

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

Coord: 2532459

2525455

PERMIT NO. _____

APPLICATION NO. _____

Somerset

COUNTY _____

25 32 459

WELL RECORD

25 25 455

1. OWNER FISHER SCIENTIFIC ADDRESS RT. 202
Owner's Well No. 7-D SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Lot: 1 Block: 2305 Municipality: Bridgewater Twp.
3. DATE COMPLETED 10/19/84 DRILLER William Stothoff
4. DIAMETER: Top 6 inches Bottom 6 inches TOTAL DEPTH 170 Feet
5. CASING: Type steel Diameter 6 Inches Length 170 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
- Range in Depth { Top _____ Feet
Bottom _____ Feet
- Geologic Formation _____
- Tail Piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
- RECORD OF TEST: Date 10/19/84 Yield 60 Gallons per minute
Static water level before pumping _____ Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells _____
9. PERMANENT PUMPING EQUIPMENT:
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Monitoring AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG _____ Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Somerville Well Drilling
14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 11/27/84

FOR MONITORING
PURPOSES ONLY

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

Coord: 2532459

PERMIT NO. 2525453

APPLICATION NO. _____

COUNTY Somerset

WELL RECORD

2532459
2525453

1. OWNER FISHER SCIENTIFIC ADDRESS Rt. 202

Owner's Well No. 7X SURFACE ELEVATION _____ Feet

2. LOCATION Lot: 1 Block: 2305 Municipality: Bridgewater Twp. (Above mean sea level)

3. DATE COMPLETED 10/19/84 DRILLER William Stothoff

4. DIAMETER: Top 6 inches Bottom 6 inches TOTAL DEPTH 230 Feet

5. CASING: Type steel Diameter _____ Inches Length 230 Feet

6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet

Range in Depth { Top _____ Feet
Bottom _____ Feet
Geologic Formation _____

Tail Piece: Diameter _____ Inches Length _____ Feet

7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface

Water rises to _____ Feet above surface

RECORD OF TEST: Date 10/19/84 Yield 60 Gallons per minute

Static water level before pumping _____ Feet below surface

Pumping level _____ feet below surface after _____ hours pumping

Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown

How pumped _____ How measured _____

Observed effect on nearby wells _____

9. PERMANENT PUMPING EQUIPMENT:

Type _____ Mfrs. Name _____

Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____

Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet

Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches

10. USED FOR Monitor AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily

11. QUALITY OF WATER _____ Sample: Yes _____ No _____

Taste _____ Odor _____ Color _____ Temp. _____ °F.

12. LOG _____ Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)

13. SOURCE OF DATA Somerville Well Drilling Co., Inc.

14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 11/27/84

**FOR MONITORING
PURPOSES ONLY**

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

Coord: 2532459

PERMIT NO. 2525451

APPLICATION NO. _____

COUNTY Somerset

25.32.459

WELL RECORD

25.25451

1. OWNER FISHER SCIENTIFIC ADDRESS RT. 202
Owner's Well No. 8X SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Lot: 1 Block: 2305 Municipality: Bridgewater Twp.
3. DATE COMPLETED 10/19/84 DRILLER William Stothoff
4. DIAMETER: Top 6 inches Bottom 6 inches TOTAL DEPTH 230 Feet
5. CASING: Type steel Diameter 6 Inches Length 230 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
- Range in Depth { Top _____ Feet
Bottom _____ Feet
- Geologic Formation _____
- Tail Piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date 10/19/84 Yield 80 Gallons per minute
Static water level before pumping _____ Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells _____
9. PERMANENT PUMPING EQUIPMENT:
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Monitoring AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG _____ Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
- SOURCE OF DATA Somerville Well Drilling
14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 11/27/84

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

25-32484

49

PERMIT NO. 25-24051

APPLICATION NO. _____

COUNTY _____

25-32484

WELL RECORD

2524051

1. OWNER Fisher Scientific ADDRESS Rt. 202, Somerville, N.J. 08876
Owner's Well No. _____ SURFACE ELEVATION _____ Feet
2. LOCATION Lot #1- Block #2305, Bridgewater Twp., Somerset County (Above mean sea level)
3. DATE COMPLETED 8-3-83 DRILLER Wm. Stothoff Co., Inc.
4. DIAMETER: Top 6 inches Bottom 6 inches TOTAL DEPTH 80 Feet
5. CASING: Type steel Diameter 6 Inches Length 23 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range in Depth { Top _____ Feet
Bottom _____ Feet Geologic Formation _____
Tail Piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date _____ Yield 1/2 Gallons per minute
Static water level before pumping _____ Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells unknown
9. PERMANENT PUMPING EQUIPMENT:
Type N/A Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Monitoring Well #1 AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER unknown Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG Red shale Are samples available? NO
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Wm. Stothoff Co., Inc.
14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 8-22-83

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated,
analysis of the water, etc.)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

PERMIT NO. 25-24052
APPLICATION NO. _____
COUNTY _____

25.32.484

WELL RECORD

25.24052

1. OWNER Fisher Scientific ADDRESS Rt. 202, Somerville, N.J. 08876
Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Lot #1- Block #2305, Bridgewater Twp., Somerset County
3. DATE COMPLETED _____ DRILLER _____
4. DIAMETER: Top 6 inches Bottom 6 inches TOTAL DEPTH 80 Feet
5. CASING: Type steel Diameter 6 Inches Length 20 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range in Depth { Top _____ Feet
Bottom _____ Feet
Geologic Formation _____
Tail Piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date _____ Yield 1/2 Gallons per minute
Static water level before pumping _____ Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells unknown
9. PERMANENT PUMPING EQUIPMENT:
Type N/A Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Monitoring Well #2 AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER unknown Sample: Yes _____ No X
Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG Red shale Are samples available? No
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Wm. Stothoff Co., Inc.
14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 8-22-83

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated,

DWR-138 M
1/89



New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25 - 38228
Atlas Sheet Coordinates 25 : 32 : 474

OWNER IDENTIFICATION - Owner FISHER SCIENTIFIC
Address ROUTE 202
City SOMERVILLE State NJ Zip Code _____

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-29
County Somerset Municipality MIDDLEBURY TWP Lot No. I-7 Block No. I-72305
Address _____

TYPE OF WELL (as per Well Permit Categories) recovery Date well completed 2/28/91
Regulatory Program Requiring Well RCRA Case I.D. # 88987
CONSULTING FIRM/FIELD SUPERVISOR (if applicable) ERM Tele. # 609-520-8779

WELL CONSTRUCTION

Total depth drilled 75 ft.

Well finished to 75 ft.

Borehole diameter:

Top 10 in.

Bottom 6 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing
height (stick up) above land
surface _____ ft.

Was steel protective casing installed?

☒ Yes ☐ No

Static water level after drilling NONE ft.

Water level was measured using _____

Well was developed for 0 hours at _____ gpm

Method of development NONE

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Method Air Rotary

Drilling Fluid Air Type of Rig Schram

Name of Driller Charles Higgins

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None (D) C B A

N.J. License No. 1299

Name of Drilling Company WILLIAM STOTHOFF

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	0	21	6	Sch 40 steel
Outer Casing (Not Protective Casing)				
Screen (Note slot size)				
Tail Piece				
Gravel Pack				
Annular Seal/Grout	0	21		Type I Portland
Method of Grouting	Pressure			

GEOLOGIC LOG (Copies of other geologic logs and/or geophysical logs should be attached.)

0-5 Red Shale
5'-5'6" gray shale
5'6"-75' Red Shale

I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable State rules and regulations.

Driller's Signature [Signature]

Date 3-15-91

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

25-32-484

PERMIT NO. 25-24053

APPLICATION NO. _____

COUNTY _____

25-32-484

WELL RECORD

25-24053

1. OWNER Fisher Scientific ADDRESS Rt. 202, Somerville, N.J. 08876
Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Lot #1- Block #2305, Bridgewater Twp., Somerset County
3. DATE COMPLETED 8-5-83 DRILLER Wm. Stothoff Co., Inc.
4. DIAMETER: Top 6 inches Bottom 6 inches TOTAL DEPTH 60 Feet
5. CASING: Type steel Diameter 6 Inches Length 20 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range in Depth { Top _____ Feet
Bottom _____ Feet Geologic Formation _____
Tail Piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date _____ Yield 1/2 Gallons per minute
Static water level before pumping _____ Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells unknown
9. PERMANENT PUMPING EQUIPMENT:
Type N/A Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Monitoring Well #3 AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER unknown Sample: Yes _____ No X
Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG Red Shale Are samples available? NO
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Wm. Stothoff Co., Inc.
14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 8-8-83

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

25-72-484

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PERMIT NO. 25-24054

APPLICATION NO. _____

COUNTY _____

25.32.484

WELL RECORD

25.24054

1. OWNER Fisher Scientific ADDRESS Rt. 202
Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Lot #1- Block #2305, Bridgewater Twp., Somerset County
3. DATE COMPLETED 8-8-83 DRILLER Wm. Stothoff Co., Inc.
4. DIAMETER: Top 6 inches Bottom 6 inches TOTAL DEPTH 85 Feet
5. CASING: Type steel Diameter 6 Inches Length 20 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
- Range in Depth { Top _____ Feet
Bottom _____ Feet
- Geologic Formation _____
- Tail Piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date _____ Yield 1/2 Gallons per minute
Static water level before pumping _____ Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells unknown
9. PERMANENT PUMPING EQUIPMENT:
Type N/A Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Monitoring Well #4 AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER unknown Sample: Yes _____ No X
Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG Red shale Are samples available? no
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Wm. Stothoff Co., Inc.
14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 8-22-83

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated,

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

PERMIT NO. 25-24055

APPLICATION NO. _____

COUNTY _____

25.32.484

WELL RECORD

25.24055

25.32.484

54

1. OWNER Fisher Scientific ADDRESS Rt. 202, Somerville, N.J. 08876

Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)

2. LOCATION Lot #1- Bloxk #2305, Bridgewater Twp., Somerset County

3. DATE COMPLETED 8-9-83 DRILLER Wm. Stothoff Co., Inc.

4. DIAMETER: Top 6 inches Bottom 6 inches TOTAL DEPTH 80 Feet

5. CASING: Type steel Diameter 6 inches Length 20 Feet

6. SCREEN: Type _____ Size of Opening _____ Diameter _____ inches Length _____ Feet

Range in Depth { Top _____ Feet
Bottom _____ Feet

Geologic Formation _____

Tail Piece: Diameter _____ inches Length _____ Feet

7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface

Water rises to _____ Feet above surface

8. RECORD OF TEST: Date _____ Yield 1/2 Gallons per minute

Static water level before pumping _____ Feet below surface

Pumping level _____ feet below surface after _____ hours pumping

Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown

How pumped _____ How measured _____

Observed effect on nearby wells unknown

9. PERMANENT PUMPING EQUIPMENT:

Type N/A Mfrs. Name _____

Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____

Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet

Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches

10. USED FOR Monitoring Well #5 AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily

11. QUALITY OF WATER Unknown Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ °F.

12. LOG Red Shale Are samples available? NO
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)

13. SOURCE OF DATA Wm. Stothoff Co., Inc.

14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date 8-22-83



MONITORING WELL RECORD

Well Permit No. 25 - 38229
Atlas Sheet Coordinates 25 : 32 : 475

OWNER IDENTIFICATION - Owner FISHER SCIENTIFIC
Address ROUTE 202
City SOMERVILLE State NJ Zip Code _____

WELL LOCATION - If not the same as owner please give address. Owner's Well No. VE-13
County Somerset Municipality BRIDGEWATER TWP Lot No. I-7 Block No. I-72305
Address _____

TYPE OF WELL (as per Well Permit Categories) recovery Date well completed 3/6/91
Regulatory Program Requiring Well DCRA Case I.D. # 89997
CONSULTING FIRM/FIELD SUPERVISOR (if applicable) ERM Tele. # 609-520-8779

WELL CONSTRUCTION

Total depth drilled 20 ft.

Well finished to 20 ft.

Borehole diameter:

Top 8 in.

Bottom 8 in.

Well was finished: ☒ above grade
☐ flush mounted

If finished above grade, casing height (stick up) above land surface 2 ft.

Was steel protective casing installed? ☐ Yes ☐ No

Static water level after drilling 5 ft.

Water level was measured using 1pt.

Well was developed for N/A hours at _____ gpm

Method of development N/A

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Method Air Rotary

Drilling Fluid Air Type of Rig Schram

Name of Driller Charles Higgins

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None (D) C B A

N.J. License No. 1299

Name of Drilling Company WILLIAM STOTHOFF

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	0	5	4	Sch 40 steel
Outer Casing (Not Protective Casing)				
Screen (Note slot size)	5	20	4	0.016 slot SS.
Tail Piece				
Gravel Pack	5	20		#1 Gravel
Annular Seal/Grout	0	5		Type I
Method of Grouting	Pressure			

GEOLOGIC LOG

(Copies of other geologic logs and/or geophysical logs should be attached.)

0-20' Red Shale

I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable State rules and regulations.

Driller's Signature [Signature]

Date 3-15-91



MONITORING WELL RECORD

Well Permit No. 25 - 38230
Atlas Sheet Coordinates 25 : 32 : 475OWNER IDENTIFICATION - Owner FISHER SCIENTIFIC
Address ROUTE 202
City SOMERVILLE State NJ Zip Code _____WELL LOCATION - If not the same as owner please give address. Owner's Well No. VE-14
County Somerset Municipality BRIDGEWATER TWP Lot No. I-7 Block No. I-72305
Address _____TYPE OF WELL (as per Well Permit Categories) _____ Date well completed 3/5/91
Regulatory Program Requiring Well recovery Case I.D. # _____
ECRACONSULTING FIRM/FIELD SUPERVISOR (if applicable) ERM Tele. # 609-520-8779

WELL CONSTRUCTION

Total depth drilled 20 ft.Well finished to 20 ft.

Borehole diameter:

Top 8 in.Bottom 8 in.Well was finished: ☒ above grade
☐ flush mountedIf finished above grade, casing
height (stick up) above land
surface 2 ft.Was steel protective casing installed?
☒ Yes ☐ NoStatic water level after drilling 5 ft.Water level was measured using M-ScopeWell was developed for N/A hours at _____ gpmMethod of development N/AWas permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Method Air RotaryDrilling Fluid Air Type of Rig SchramName of Driller Charles HigginsHealth and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None (D) C B AN.J. License No. 1299Name of Drilling Company WILLIAM STOTHOFF

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	0	5	4	Sch 40 steel
Outer Casing (Not Protective Casing)				
Screen (Note slot size)	5	20	4	.010 S.S.
Tail Piece				
Gravel Pack	5	20		# Gravel
Annular Seal/Grout	0	5		Type I
Method of Grouting	Pressure			

GEOLOGIC LOG (Copies of other geologic logs and/or
geophysical logs should be attached.)0-4 Red Shale
4-5 Gray shale
5-20 Red ShaleI certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
State rules and regulations.Driller's Signature [Signature]Date 3-15-91



MONITORING WELL RECORD

Well Permit No. 25 - 38231
Atlas Sheet Coordinates 25 : 32 : 475

OWNER IDENTIFICATION - Owner FISHER SCIENTIFIC
Address ROUTE 202
City SOMERVILLE State NJ Zip Code _____

WELL LOCATION - If not the same as owner please give address. Owner's Well No. VE15
County Somerset Municipality BRIDGEWATER TWP Lot No. I-7 Block No. I-72305
Address _____

TYPE OF WELL (as per Well Permit Categories) _____ Date well completed 3/5/91
Regulatory Program Requiring Well recovery Case I.D. # _____
CONSULTING FIRM/FIELD SUPERVISOR (if applicable) ERM Tele. # 609-520-8719

WELL CONSTRUCTION

Total depth drilled 20 ft.
Well finished to 20 ft.
Borehole diameter:
Top 8 in.
Bottom 8 in.

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	0	5	4	Sch 40 steel
Outer Casing (Not Protective Casing)				
Screen (Note slot size)	5	20	4	.010 S.S.
Tail Piece				
Gravel Pack	5	20		#1 Gravel
Annular Seal/Grout	0	5		Type I
Method of Grouting	Pressure			

Well was finished: ☒ above grade
☐ flush mounted

If finished above grade, casing height (stick up) above land surface 2 ft.

Was steel protective casing installed? ☒ Yes ☐ No

Static water level after drilling N/A ft.
Water level was measured using m-Scope
Well was developed for N/A hours at _____ gpm
Method of development N/A

Was permanent pumping equipment installed? ☐ Yes ☒ No
Pump capacity _____ gpm
Pump type: _____

Drilling Method Air Rotary
Drilling Fluid Air Type of Rig Schram
Name of Driller Charles Higgins

Health and Safety Plan submitted? ☒ Yes ☐ No
Level of Protection used on site (circle one) None (D) C B A
N.J. License No. 1299

Name of Drilling Company WILLIAM STOTHOFF

GEOLOGIC LOG (Copies of other geologic logs and/or geophysical logs should be attached.)

0-20' Red Shale

I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable State rules and regulations.

Driller's Signature _____

Date 3-15-91

FORM 87

DEPARTMENT OF ENVIRONMENTAL PROTECTION

25.32.484
25-20636
WELL RECORD

Permit No. 25-20636

Application No. _____

County 25-20636

Somerset

25.32.484

1. OWNER Jerome F. Spitzer ADDRESS 95 Oak Street, Bridgewater, NJ 08807

Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)

2. LOCATION Lot 18-19, Block 2207, Duval Street, Bradley Gardens, Somerset

3. DATE COMPLETED 6/7/79 DRILLER Somerville Well Drilling Co., Inc.

4. DIAMETER: top 10 inches Bottom 6 inches TOTAL DEPTH 195 Feet

5. CASING: Type drive Diameter 6 inches Length 60 feet

6. SCREEN: Type _____ Size of Opening _____ Diameter _____ inches Length _____ feet

Range in Depth { Top _____ feet
Bottom _____ feet
Geologic Formation _____

Tail piece: Diameter _____ inches Length _____ feet

7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface

8. RECORD OF TEST: Date 6/7/79 Yield 15 Gallons per minute
Static water level before pumping 65 Feet below surface
Pumping level 170 feet below surface after 8 hours pumping
Drawdown 105 Feet Specific Capacity 2 Gals. per min. per ft. of drawdown
How Pumped air How measured weir

Observed effect on nearby wells none

9. PERMANENT PUMPING EQUIPMENT:

Type _____ Mfrs. Name _____

Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____

Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet

Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches

10. USED FOR domestic AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily

11. QUALITY OF WATER good Sample: Yes _____ No X
Taste none Odor none Color clear Temp. _____ °F

12. LOG overburden 8', shale to depth Are samples available? no
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)

13. SOURCE OF DATA Somerville Well Drilling Co., Inc.

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

Coord 25.32.4.84
Permit No. 25-31129-8
Application No. _____
County Somerset

25.32.484
WELL RECORD
25-31129

1. OWNER Raritan Assoc. ADDRESS Bldg. # 2 Johnson Dr., Raritan, NJ
Owner's Well No. MW-1 SURFACE ELEVATION _____
2. LOCATION Same
3. DATE COMPLETED 03/02/88 DRILLER Summit Drilling Co., Inc.
4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 80 ft
5. CASING: Type Steel Diameter 6 inches Length 37 ft
6. SCREEN: Type Open Hole Size of Opening _____ Diameter 6 inches Length to 80 ft
Range in Depth: Top _____ feet
Bottom _____ feet Geologic Formation Shale
Tail Piece: Diameter N/A inches Length _____ ft
7. WELL FLOWS NATURALLY N/A Gallons per minute at _____ feet above surface
Water rises to _____ feet above surface
8. RECORD OF TEST: Date N/A Yield 3 Gallons per minute
Static water level before pumping 50 feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ feet Specific Capacity _____ Gallons per minute per foot of drawdown
How pumped With rig How measured _____
Observed effect on nearby wells None
9. PERMANENT PUMPING EQUIPMENT: N/A
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ feet Depth of Footpiece in well _____ ft
Depth of Air Line in well _____ feet Type of Meter on Pump _____ Size _____ inch
10. USED FOR Monitor AMOUNT: Average _____ Gallons Day
Maximum _____ Gallons Day
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ degrees
12. LOG Attached Are samples available? _____
13. SOURCE OF DATA Summit Drilling Co., Inc.

25.32.484

25.32.484

25.32.484

25.32.484

25.32.484

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

Coord 25.32.4.84
Permit No. 25-31130-1
Application No. _____
County Somerset

25-32. A8A
WELL RECORD

25-31130-1

1. OWNER Raritan Assoc. ADDRESS Bldg. # 2 Johnson Dr., Raritan, NJ
Owner's Well No. MW-2 SURFACE ELEVATION _____
2. LOCATION Same
3. DATE COMPLETED 03/03/88 DRILLER Summit Drilling Co., Inc.
4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 60 ft
5. CASING: Type Steel Diameter 6 inches Length 21 ft
6. SCREEN: Type Open Hole Size of Opening _____ Diameter 6 inches Length to 60 ft
Range in Depth: Top _____ feet
Bottom _____ feet Geologic Formation _____
Tail Piece: Diameter N/A inches Length _____ ft
7. WELL FLOWS NATURALLY N/A Gallons per minute at _____ feet above surface
Water rises to _____ feet above surface
8. RECORD OF TEST: Date N/A Yield 10 Gallons per minute
Static water level before pumping 45 feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ feet Specific Capacity _____ Gallons per minute per foot of drawdown
How pumped With rig How measured _____
Observed effect on nearby wells None
9. PERMANENT PUMPING EQUIPMENT: N/A
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ A.P.F. _____
Depth of Pump in well _____ feet Depth of Footcandle in well _____ ft
Depth of Air Line in well _____ feet Type of Meter on Pump _____ Size _____ inch
10. USED FOR Monitor AMOUNT: Average _____ Gallons Day
Maximum _____ Gallons Day
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ degrees
12. LOG Attached Are samples available? _____
13. SOURCE OF DATA Summit Drilling Co. Inc.

25.32.484

2.5.32.484

Well No.	MW-2	Application No.		Permit No.	2531130
Date Drilled	3/3/88	County	Somerset	Use	Monitor
Location	Bldg. # 2, Johnson Dr., Raritan, NJ				
Owner	Raritan Assoc.	Address	Same		
Drilling Method	Air Rotary	Sampling Method	N/A		
Hole Diameter	10" top - 6" bottom	Total Depth	60'		
Casing:					
Type	6" Steel	Diameter	6"	Length	21'
Screens:					
Type	Coen hole	Slot		Diameter	6" Length to 60'
Gravel Pack Size	N/A	Casing Seal	Portland Grout		
Static Water Level		Geologic Formation	Shale		

[illegible]

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

Coord 25.32.4.84
Permit No. 25-31131-0
Application No. _____
County Somerset

25.32.48A

WELL RECORD

25-31131-0

1. OWNER Raritan Assoc. ADDRESS Blgd. # 2 Johnson Dr., Raritan, NJ
Owner's Well No. RW-3 SURFACE ELEVATION _____
2. LOCATION Base
3. DATE COMPLETED 03/03/88 DRILLER Summit Drilling Co., Inc.
4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 80 feet
5. CASING: Type Steel Diameter 6 inches Length 20 feet
6. SCREEN: Type Open Hole Size of Opening _____ Diameter 6 inches Length to 80 feet
Range in Depth: Top _____ feet
Bottom _____ feet Geologic Formation Shale
Tail Piece: Diameter N/A inches Length _____ feet
7. WELL FLOWS NATURALLY N/A Gallons per minute at _____ feet above surface
Water rises to _____ feet above surface
8. RECORD OF TEST: Date N/A Yield 1 Gallons per minute
Static water level before pumping 45 feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ feet Specific Capacity _____ Gallons per minute per foot of drawdown
How pumped With ric How measured _____
Observed effect on nearby wells None
9. PERMANENT PUMPING EQUIPMENT: N/A
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ feet Depth of Footpiece in well _____ feet
Depth of Air Line in well _____ feet Type of Meter on Pump _____ Size _____ inches
10. USED FOR Monitor AMOUNT: Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ degrees F
12. LOG Attached Are samples available? _____
13. SOURCE OF DATA Summit Drilling Co., Inc.

25.32.484

25.32.484

Well No.	MW-3		Application No.			Permit No.	2531131		
Date Drilled	3/3/88		County	Somerset		Use	Monitor		
Location	Bldg. # 2, Johnson Dr., Raritan, NJ								
Owner	Raritan Assoc.		Address	Same					
Drilling Method	Air Rotary		Sampling Method	N/A					
Hole Diameter	10" top - 6" bottom		Total Depth	80'					
Casing:									
Type	6" Steel		Diameter	6"		Length	20'		
Screens:									
Type	Open hole		Slot	Diameter		6"		Length	to 80'
Gravel Pack Size	N/A		Casing Seal	Portland, Grout					
Static Water Level	45'		Geologic Formation	Shale					

Depth Below Surface	Sample Number	Blows per 6" on Sampler	Casing & Design	Identification of Soils / Remarks
			6" Casing w/ 2' stickus & lock	0' - 3' Sod-Top soil & fill
				3' - 80' Red shale .
			16" Steel Pipe	
20'			18" - 80'	
			16" Open Hole	
40'				
60'				
80'				

FORM 87.

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

WELL RECORD

Permit No. 25-6866

Application No. _____

County _____

25.32.484
25.6866

1. OWNER T. GUSZKA ADDRESS 4 R.F.D. SOMERVILLE N.J.
Owner's Well No. 25-6866 SURFACE ELEVATION 183 Feet
(Above mean sea level)
2. LOCATION CHARLOTTE DR
3. DATE COMPLETED JULY 17-1957 DRILLER A.J. BAUMEISTER + SON
4. DIAMETER: top 6 Inches Bottom 6 Inches TOTAL DEPTH 203 Feet
5. CASING: Type BLACK Diameter 6 Inches Length _____ Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range { Top _____ Feet Geologic Formation RED SHALE
Bottom _____ Feet
- Tail piece. Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date JULY 17-1957 Yield 18 Gallons per minute
Static water level before pumping 95 Feet below surface
Pumping level 106 feet below surface after 1/2 hours pumping
Drawdown 106 Feet Specific Capacity 18 Gals. per min. per ft. of drawdown
How Pumped BAILOR How measured DRILLING LINE
Observed effect on nearby wells NONE
9. PERMANENT PUMPING EQUIPMENT:
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Depth of Meter on Pump _____
10. USED FOR _____ AMOUNT Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ °F
12. LOG _____ Are samples available _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA _____
14. DATA OBTAINED BY A.J. BAUMEISTER + SON Date JULY 11-1957

(NOTE: Use other side of this sheet for additional information such as log of water level, etc.)

THIS WELL WAS
Drilled 90 ft11:40
15:50 PM

MONITORING WELL RECORD

Well Permit No. 25 - 41636
Atlas Sheet Coordinates 25 : 32 : 484OWNER IDENTIFICATION - Owner GERRAGHY, THOMAS
Address 159 CEDAR GROVE ROAD
City SOMERVILLE State NJ Zip Code _____WELL LOCATION - If not the same as owner please give address. Owner's Well No. _____
County _____ Municipality Lanitan Lot No. 4 Block No. 41
Address WATCHDOG LANETYPE OF WELL (as per Well Permit Categories) _____ Date well completed 7 / 31 / 92
Regulatory Program Requiring Well MONITORING Case I.D. # _____CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Envirotech Consultants Tele. # 305-8200

WELL CONSTRUCTION

Total depth drilled 23 ft.Well finished to 23 ft.

Borehole diameter:

Top 8 in.Bottom 8 in.Well was finished: ☐ above grade
☒ flush mountedIf finished above grade, casing
height (stick up) above land
surface _____ ft.

Was steel protective casing installed?

☐ Yes ☒ NoStatic water level after drilling 16 ft.Water level was measured using water tapeWell was developed for 1 hours at 5 gpm

Method of development _____

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Method Air RotaryDrilling Fluid _____ Type of Rig TH-60Name of Driller William EllefsenHealth and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None D C B AN.J. License No. 1173Name of Drilling Company SRI ENVIRONMENTAL, INC.

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	3"	13'	4"	PVC
Outer Casing (Not Protective Casing)				
Screen (Note slot size)	13'	23'	4"	.020 slot PVC
Tail Piece				
Gravel Pack	11'	23'		#2 Well Sand
Annular Seal/Grout	3"	11'		Portland & Bentonite Pellets
Method of Grouting	Pump			

GEOLOGIC LOG

(Copies of other geologic logs and/or
geophysical logs should be attached.)

PORTLAND CEMENT GROUT 10' BENTONITE 11'	4" PVC CASING 11' PVC SCREEN 11' .020 well sand	0' CRUSHED 3/4" STONE RED BROWN SILT 7' RED/BROWN SILT 13' CLAY FINE GRAVEL 17' LIGHT GREEN CLAY SILT TRACE FINE SAND 23'
--	---	--

I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
State rules and regulations.

Driller's Signature

Date

8/28/92

MONITORING WELL RECORD

Well Permit No. 25 - 41637

Atlas Sheet Coordinates 25 : 32 : 00

OWNER IDENTIFICATION - Owner

Address 159 CEDAR GROVE ROAD
City SPRINGVILLE State NY Zip Code

WELL LOCATION - If not the same as owner please give address.

County Municipality Barre Owner's Well No.
Address Lot No. 4 Block No. 41

TYPE OF WELL (as per Well Permit Categories)

Regulatory Program Requiring Well Monitoring Date well completed 7/30/92

Case I.D. #

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Envirotech Consultants Tele. # 305-8200

WELL CONSTRUCTION

Total depth drilled 28 ft.

Well finished to 28 ft.

Borehole diameter:

Top 8 in.

Bottom 8 in.

Well was finished: ☐ above grade
☒ flush mounted

Unfinished above grade, casing
height (stick up) above land
surface ft.

Was steel protective casing installed?
☐ Yes ☒ No

Static water level after drilling 20 ft.

Water level was measured using water tape

Well was developed for 1 hours at 5 gpm

Method of development sub pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity gpm

Pump type:

Drilling Method Air Rotary

Drilling Fluid Type of Rig TH-60

Name of Driller William Ellefsen

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None D C B A

N.J. License No. 1173

Name of Drilling Company

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	3"	18'	4"	PVC
Outer Casing (Not Protective Casing)				
Screen (Note slot size)	18'	28'	4"	.020 slot PVC
Tail Piece				
Gravel Pack	15'	28'		#2 Well Sand
Annular Seal/Grout	3"	15'		Portland & Bentonite Pellets
Method of Grouting	Pump			

GEOLOGIC LOG

(Copies of other geologic logs and/or
geophysical logs should be attached.)

PORTLAND CEMENT GROUT	0' ASPHALT/STONE RED BROWN
BENTONITE	7' SILT & CLAY YELLOW BROWN
	9' SILT CLAY
	RED BROWN SILT
	18' WELL GRADED SAND AND FINE GRAVEL
	28'

Driller's Signature William Ellefsen

Date 8/28/92

I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
State rules and regulations.

New Jersey Department of Environmental Protection and Energy
Bureau of Water Allocation

MONITORING WELL RECORD

Well Permit No. 25 - 41638Atlas Sheet Coordinates 25 32 484OWNER IDENTIFICATION - Owner WILLIAM ELLEFSENAddress 150 CEDAR GROVE ROADCity SPRINGVILLEState NJZip Code

WELL LOCATION - If not the same as owner please give address.

County WarrenMunicipality WarrenOwner's Well No. Address Lot No. 4Block No. 41TYPE OF WELL (as per Well Permit Categories) MonitoringRegulatory Program Requiring Well DESDate well completed 7 / 30 / 92Case I.D. # CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Envirotech ConsultantsTele. # 305-8200

WELL CONSTRUCTION

Total depth drilled 25 ft.Well finished to 25 ft.

Borehole diameter:

Top 8 in.Bottom 8 in.Well was finished: ☐ above grade☒ flush mountedIf finished above grade, casing height (stick up) above land surface ft.

Was steel protective casing installed?

☐ Yes ☒ NoStatic water level after drilling 18 ft.Water level was measured using water tapeWell was developed for 1 hours at 5 gpmMethod of development Sub PumpWas permanent pumping equipment installed? ☐ Yes ☒ NoPump capacity gpmPump type: Drilling Method Air RotaryDrilling Fluid Type of Rig TH-60Name of Driller William EllefsenHealth and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None D C B AN.J. License No. 1173Name of Drilling Company

I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable State rules and regulations.

Driller's Signature William EllefsenDate 8/20/92

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	3"	15'	4"	PVC
Outer Casing (Not Protective Casing)				
Screen (Note slot size)	15'	25'	4"	.020 slot PVC
Tail Piece				
Gravel Pack	13'	25'		#2 Well Sand
Annular Seal/Grout	3"	13'		Portland & Bentonite Pellets
Method of Grouting	Pump			

GEOLOGIC LOG

(Copies of other geologic logs and/or geophysical logs should be attached.)

PORTLAND CEMENT GROUT	12' BENTONITE	13' #2 well sand	0' CRUSHED STONE
			1' RED BROWN SILT + RED SHALE
			8' RED BROWN SILT LITTLE COARSE TO FINE GRAVEL
			13' RED BROWN SILT COARSE-FINE SAND
			20'

FORM 87

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

WELL RECORD

25.32.485
Permit No. 25-7136
Application No. _____
County _____

25.32.485

1. OWNER CHARLES STENEMSON ADDRESS RD 4 SOMERVILLE N.J.
Owner's Well No. 25-7136 SURFACE ELEVATION 180 Feet
(Above mean sea level)
2. LOCATION 45 CHARLOTTE DR
3. DATE COMPLETED OCT 5 - 57 DRILLER A.J. BAUMEISTER & SON
4. DIAMETER: top 6 Inches Bottom 6 Inches TOTAL DEPTH 200 Feet
5. CASING: Type — Diameter — Inches Length — Feet
6. SCREEN: Type — Size of Opening — Diameter — Inches Length — Feet
Range { Top — Feet Geologic Formation RED SHALE
Bottom — Feet
- Tail piece. Diameter — Inches Length — Feet
7. WELL FLOWS NATURALLY — Gallons per Minute at — Feet above surface
Water rises to — Feet above surface
8. RECORD OF TEST: Date OCT 5 - 57 Yield 18 Gallons per minute
Static water level before pumping 9.5 Feet below surface
Pumping level 106 feet below surface after 1/2 hours pumping
Drawdown 106 Feet Specific Capacity 18 Gals. per min. per ft. of drawdown
How Pumped BAILOR How measured DRILLING LINE
Observed effect on nearby wells NONE
9. PERMANENT PUMPING EQUIPMENT:
Type — Mfrs. Name —
Capacity — G.P.M. How Driven — H.P. — R.P.M. —
Depth of Pump in well — Feet Depth of Footpiece in well — Feet
Depth of Air Line in well — Feet Depth of Meter on Pump —
10. USED FOR — AMOUNT Average — Gallons Daily
Maximum — Gallons Daily
11. QUALITY OF WATER — Sample: Yes — No —
Taste — Odor — Color — Temp. — OF
12. LOG — Are samples available —
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA —
14. DATA OBTAINED BY A.T. BAUMEISTER & SON Date SEPT 30 - 57

WELL WAS
DRILLED
100' 18" 1/2 G.P.M.
88' 18" 6 P.M.

FD-301 (Rev. 1-78)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

PERMIT NO. 2530122-5

WELL RECORD 25-32.4PS APPLICATION NO. _____
COUNTY Somerset
2530122-5

1. OWNER Ortho Diagnostic ADDRESS Rte 202 Bridgewater
OWNER'S WELL NO. MW-1 SURFACE ELEVATION _____ FEET
2. LOCATION Bridgewater N.J.
3. DATE COMPLETED 8/26/87 DRILLER Wm. Stothoff Co. Inc
4. DIAMETER: TOP 10 inches BOTTOM 6 inches TOTAL DEPTH 100 FEET
5. CASING: TYPE 1916 steel DIAMETER 6 inches LENGTH 23 FEET
6. SCREEN: TYPE _____ SIZE OF OPENING _____ DIAMETER _____ INCHES LENGTH _____ FEET
 RINGS IN DEPTH { TOP _____ FEET BOTTOM _____ FEET
 Geologic Formation Red Shale
 TAP SIZE _____ DIAMETER _____ INCHES LENGTH _____ FEET
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ FEET ABOVE SURFACE
 WATER RISE TO _____ FEET ABOVE SURFACE
8. RECORD OF TEST: DATE 8/26/87 YIELD 1 Gallons per minute
 STATIC WATER LEVEL BEFORE PUMPING 60 FEET BELOW SURFACE
 PUMPING LEVEL 100 FEET BELOW SURFACE AFTER 1/2 HOUR PUMPING
 DROPSHOWN 40 FEET SPECIFIC CAPACITY _____ Gals. per min. per ft. of dropsdown
 HOW PUMPED Air HOW MEASURED 1 gal Pail
 OBSERVED EFFECT OF PUMPING ON WELL _____
9. PERMANENT PUMPING EQUIPMENT.
 TYPE _____ MFG. NAME _____
 CAPACITY _____ G.P.M. HOW DRIVEN _____ H.P. _____ R.P.M. _____
 DEPTH OF PUMP IN WELL _____ FEET DEPTH OF FOOTING IN WELL _____ FEET
 DEPTH OF AIR LINE IN WELL _____ FEET TYPE OF MOTOR ON PUMP _____ SIZE _____ INCHES
10. USED FOR monitoring AMOUNT { Average _____ Gallons Daily
 Maximum _____ Gallons Daily
11. QUALITY OF WATER _____
 TASTE _____ COLOR _____ TEMPERATURE _____ °F.
 SOURCE: YES _____ NO _____
12. LOG 0-3' overburden 3-100' Red Shale AT WHAT DEPTH IS THE WATER? _____
13. SOURCE OF DATA Top of well
14. DATA OBTAINED BY C. Higgins Driller DATE 8/31/87

NOTE: For completion of this form for monitoring information, see also log of monitoring, and report of the well, including the results of the monitoring program, etc.

FD-301 (Rev. 1-75)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCESPERMIT NO. 2530/23-3

WELL RECORD

25. 82.485
2530/23-3APPLICATION NO. _____
COUNTY Somerset

1. OWNER Ortho Diagnostic ADDRESS Route 202 Bridgewater N.J.
OWNER'S WELL NO. MW-2 SURFACE ELEVATION _____ FEET
2. LOCATION Bridgewater N.J.
3. DATE COMPLETED 8/28/87 DRILLER Wm. J. Tothoff Co., Inc.
4. DIAMETER, TOP 10 inches BOTTOM 6 inches TOTAL DEPTH 120 FEET
5. CASING: TYPE 1916 steel DIAMETER 6 inches LENGTH 21 FEET
6. SCREEN: TYPE _____ SIZE OF OPENING _____ DIAMETER _____ inches LENGTH _____ FEET
- RINGS IN DEPTH { TOP _____ FEET
BOTTOM _____ FEET
- Geologic Formation Red Shale
- Tubing: DIAMETER _____ inches LENGTH _____ FEET
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ FEET ABOVE SURFACE
WATER RISE TO _____ FEET ABOVE SURFACE
8. RECORD OF TEST. DATE 8/28/87 YIELD 7 Gallons per minute
STATIC WATER LEVEL BEFORE PUMPING 60 FEET BELOW SURFACE
PUMPING LEVEL 120 FEET BELOW SURFACE AFTER 1/2 HOUR PUMPING
DIP-SIDE 60 FEET SPECIFIC CAPACITY _____ Gals. per min. per ft. of drawdown
NON-PUMPING Air NON-PUMPING 5gal. Pail
OBSERVED EFFECT OF PUMPING ON WELL _____
9. PERMANENT PUMPING EQUIPMENT.
TYPE _____ MFG. NAME _____
CAPACITY _____ G.P.M. NON-DRIVEN _____ H.P. _____ R.P.M. _____
DEPTH OF PUMP IN WELL _____ FEET DEPTH OF FOOTING IN WELL _____ FEET
DEPTH OF AIR LINE IN WELL _____ FEET TYPE OF MOTOR ON PUMP _____ SIZE _____ inches
10. USED FOR monitoring AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ SAMPLE: YES _____ NO _____
TASTE _____ COLOR _____ TEND. _____ °F.
12. LOG DIS OVERBURDEN 5-120' Red Shale AS SHOWN BY TEST LOG
13. SOURCE OF DATA Top of well
14. DATA OBTAINED BY C. Higgins Driller DATE 8/31/87

NOTE: For information of this form for additional information and a log of material, a
copy of the well, which may, which is not of any importance, etc.)

FD-301 (Rev. 1-75)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

PERMIT NO. 2530125-0

APPLICANT'S NAME Somerset

WELL RECORD 25.32.48
25.30125-0

1. OWNER Ortho Diagnostic ADDRESS 4202 Bridgewater N.J.
OWNER'S WELL NO. MW-3 SURFACE ELEVATION _____ Feet
2. LOCATION Bridgewater
3. DATE COMPLETED 8/27/87 DRILLER Wm. Stathoff Co. Inc.
4. DIAMETER, TOP 10 inches BOTTOM 6 inches TOTAL DEPTH 120 Feet
5. CASING: TYPE 1 1/2" Steel DIAMETER 6 inches LENGTH 30 Feet
6. SCREEN: TYPE _____ SIZE OF OPENING _____ DIAMETER _____ inches LENGTH _____ Feet

WATER IN DEPTH { TOP _____ Feet
BOTTOM _____ Feet

Geologic Formation Red shale

TEST PUMP DIAMETER _____ inches LENGTH _____ Feet

7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface

WATER FLOW TO _____ Feet above surface

8. RECORD OF TEST. DATE 8/27/87 YIELD 1 Gallons per minute

Static water level before pumping 60 Feet below surface

Pumping level 120 Feet below surface after 1/2 hour pumping

Drawdown _____ Feet Specific Capacity _____ Gall. per min. per ft. of drawdown

How pumped Air How measured 1 gal Pail

Observed effect on nearby wells _____

9. PERMANENT PUMPING EQUIPMENT.

TYPE _____ Mfg. Name _____

CAPACITY _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____

Depth of Pump in well _____ Feet Depth of Footing in well _____ Feet

Depth of Air Line in well _____ Feet Type of Motor on Pump _____ Size _____ inches

10. USED FOR Monitoring AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily

11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Color _____ Odor _____ Temp. _____ °F.

12. LOSS 0-4' overburden 4-120' Red Shale At what time observed? _____

13. SOURCE OF DATA Top of well

14. DATA OBTAINED BY C. Higgins DATE 8/31/87

NOTE: For a complete list of this form for recording information, see a list of materials, a
sample of the form, a list of the materials, a list of the materials, a list of the materials, etc.

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

PERMIT NO. 2530124-1

WELL RECORD 2530124-1 APPLICATION NO. Somerset

1. OWNER Ortho Diagnostic ADDRESS Route 202 Bridgewater N.J.
OWNER'S WELL NO. MW-4 SURFACE ELEVATION _____

2. LOCATION Bridgewater, N.J.

3. DATE COMPLETED 8/27/87 DRILLER Wm. J. Stathoff Co. Inc.

4. DIAMETER: TOP 10 inches BOTTOM 6 inches TOTAL DEPTH 120 FEET

5. CASING: TYPE 1 1/2" Steel DIAMETER 6 inches LENGTH 27 FEET

6. SCREEN: TYPE _____ SIZE OF OPENING _____ DIAMETER _____ inches LENGTH _____ FEET

WATER IN DEPTH { TOP _____ FEET BOTTOM _____ FEET Geologic Formation _____

TEST PIECE DIAMETER _____ inches LENGTH _____ FEET

7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ FEET ABOVE SURFACE

WELL FLOW TO _____ FEET ABOVE SURFACE

8. RECORD OF TEST. DATE 8/27/87 YIELD 1 Gallons per minute

Static water level before pumping 60 FEET below surface

Pumping level 120 FEET below surface after 1 1/2 hours pumping

Drawdown 60 FEET Specific Capacity _____ Gals. per min. per ft. of drawdown

How pumped Air How measured 1 gal Pail

Operating Effect on Nearby Wells _____

9. PERMANENT PUMPING EQUIPMENT.

TYPE _____ Make _____

CAPACITY _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____

Depth of Pump in well _____ FEET Depth of Footing in well _____ FEET

Depth of Air Line in well _____ FEET Type of Motor on Pump _____ Size _____ inches

10. USED FOR Monitoring AMOUNT { Average _____ Gallons Daily

11. QUALITY OF WATER { Maximum _____ Gallons Daily

Taste _____ Odor _____ Color _____ Temp. _____ °F.

12. LOSS 0-3 overburden 3-120' Red Shale

13. SOURCE OF DATA Top of Well

14. DATA OBTAINED BY C. Higgins Driller DATE 8/31/87

NOTE: For a complete list of this form for additional information and a log of this well, see the back of this form, which has a list of some of the common uses for this form.

DWR-138 M
6/89

New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25 36541
Atlas Sheet Coordinates 25 32 485 ☐

OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NJ Zip Code 08869

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-10
County Somerset Municipality RARITAN BORO Lot No. 4 Block No. 31
Address Route 202, Raritan, New Jersey

TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 6/22/90
Regulatory Program Requiring Well FORA Case I.D. #

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Damen and Moore Tele. # 201-272-8300

WELL CONSTRUCTION

Total depth drilled 30 ft.

Well finished to 30 ft.

Borehole diameter:

Top 10 in.

Bottom 6 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing
height (stick up) above land
surface ft.

Was steel protective casing installed?
☐ Yes ☒ No

Static water level after drilling 26 ft.

Water level was measured using M-Scope

Well was developed for 1/2 hours at 1/2 gpm

Method of development Submersible Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity gpm

Pump type:

Drilling Method Air Rotary

Drilling Fluid Drum Lake Type of Rig Perchdr: 11650

Name of Driller Denny Wene

Health and Safety Plan submitted? ☒ Yes ☐ No

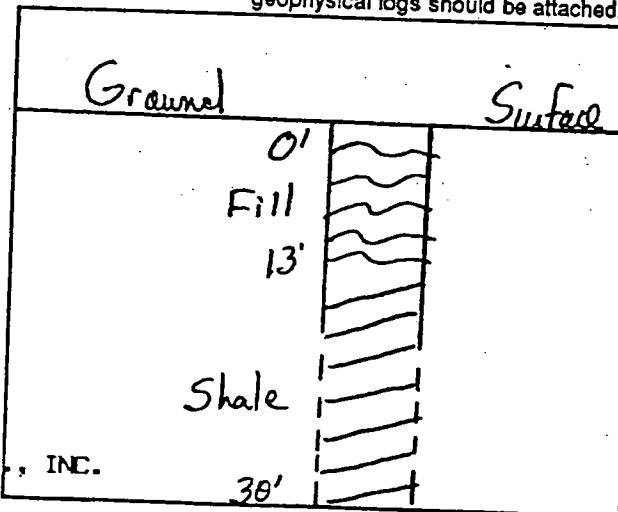
Level of Protection used on site (circle one) None D C' B A

N.J. License No. 0931

Name of Drilling Company SAMUEL STUTHOFF CO., INC.

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	0	20	6	Sch 10 304 Stainless Steel
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	0	20	—	Portland Cement
Method of Grouting	Pressure Grout w/ Trimmed Line			

GEOLOGIC LOG (Copies of other geologic logs and/or
geophysical logs should be attached.)



I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
State rules and regulations.

Driller's Signature Denny Wene

Date 7/24/90

DWR-138 M
6/89

New Jersey Department of Environmental Protection
Division of Water Resources

2

MONITORING WELL RECORD

Well Permit No. 25 36542
Atlas Sheet Coordinates 25 32 485 ☐

OWNER IDENTIFICATION - Owner ORTHODIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NJ Zip Code 08869

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-11
County Hunterdon Municipality RARITAN BORO Lot No. 4 Block No. 31
Address Route 202, Raritan, New Jersey

TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 6/21/90
Regulatory Program Requiring Well RERA Case I.D. #

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) DAMES & MOORE Tele. # 201-272-8300

WELL CONSTRUCTION

Total depth drilled 87 ft.

Well finished to 27 ft.

Borehole diameter:

Top 10 in.

Bottom 6 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing
height (stick up) above land
surface ft.

Was steel protective casing installed?
☐ Yes ☒ No

Static water level after drilling 13 ft.

Water level was measured using M-Scope

Well was developed for 1/2 hours at 1/2 gpm

Method of development Submersible Pump

Was permanent pumping equipment installed? ☐ Yes ☐ No

Pump capacity gpm

Pump type:

Drilling Method Air Rotary

Drilling Fluid Numalube Type of Rig Pexchell 650

Name of Driller Danny Wene

Health and Safety Plan submitted? ☒ Yes ☐ No

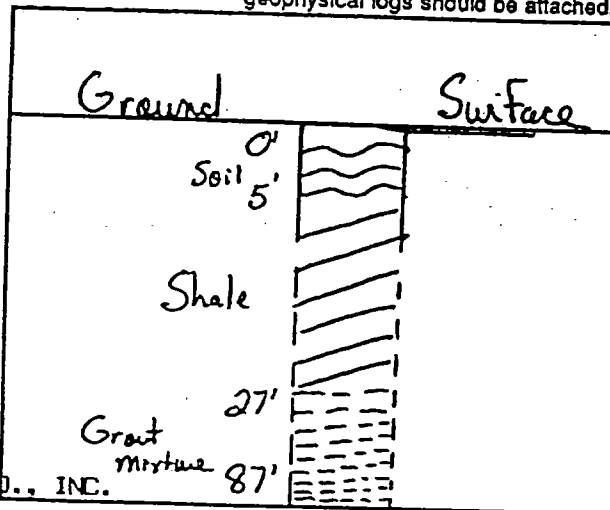
Level of Protection used on site (circle one) None (C) B A

N.J. License No. 0931

Name of Drilling Company SAMUEL STOTHOFF CO., INC.

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	0	10	6	Sch 10 304 Stainless Steel
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	0 27	10 87	—	Portland Cement Portland Cement
Method of Grouting	Pressure Grout w/ Trimmer Line			

GEOLOGIC LOG (Copies of other geologic logs and/or
geophysical logs should be attached.)



I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
State rules and regulations.

Driller's Signature Dave Wene

Date 7/24/90

DWR-138 M
6/89New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25 36543
Atlas Sheet Coordinates 25 32 485 ☐OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NJ Zip Code 08869WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-12
County Hunterdon Municipality RARITAN BORO Lot No. 4 Block No. 31
Address Route 202 South, Raritan, New JerseyTYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 6/22/90
Regulatory Program Requiring Well RCRA Case I.D. # CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Dames & Moore Tele. # 201-272-8300

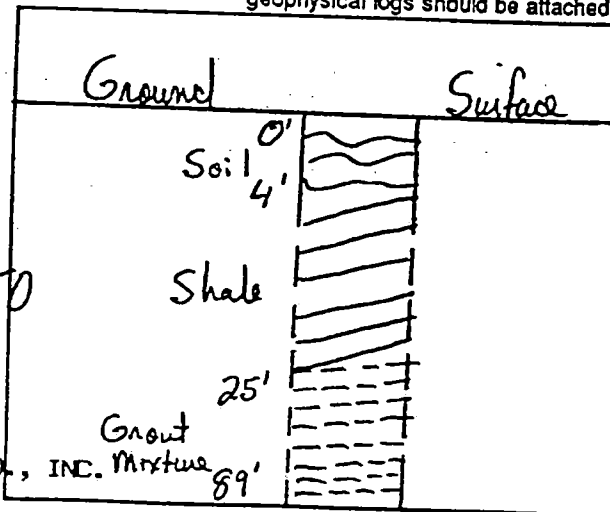
WELL CONSTRUCTION

Total depth drilled 89 ft.Well finished to 25 ft.

Borehole diameter:

Top 10 in.Bottom 6 in.Well was finished: ☐ above grade
☒ flush mountedIf finished above grade, casing
height (stick up) above land
surface — ft.Was steel protective casing installed?
☐ Yes ☒ NoStatic water level after drilling 21 ft.Water level was measured using M-ScopeWell was developed for 1/2 hour at 1/2 gpmMethod of development Submersible PumpWas permanent pumping equipment installed? ☐ Yes ☐ NoPump capacity — gpmPump type: Drilling Method Air RotaryDrilling Fluid Mud Type of Rig Reichdrill 650Name of Driller Denny WeneHealth and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None D C B AN.J. License No. 0931Name of Drilling Company SAMUEL STUTHOFF CO., INC.

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	0	10	6	Sch 10 304 Stainless Steel
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	25	89	—	Polyurethane Grout Portland Cement
Method of Grouting	Pressure Grout w/ Tremie Line			

GEOLOGIC LOG (Copies of other geologic logs and/or
geophysical logs should be attached.)I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
State rules and regulations.Driller's Signature Denny WeneDate 7/24/90

DWR-138 M
6/89

New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25 36544
Atlas Sheet Coordinates 25 52 485 ☐

OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NJ Zip Code 08869

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-13
County Somerset Municipality RARITAN BORO Lot No. 4 Block No. 31
Address Route 202, Raritan, New Jersey

TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 6.21.90
Regulatory Program Requiring Well BORA Case I.D. #

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Dennis & Moore Tele. # 201-272-8300

WELL CONSTRUCTION

Total depth drilled 87 ft.

Well finished to 25 ft.

Borehole diameter:

Top 10 in.

Bottom 6 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing height (stick up) above land surface ft.

Was steel protective casing installed? ☐ Yes ☒ No

Static water level after drilling 22' 6" ft.

Water level was measured using M-Scope

Well was developed for 1/2 hours at 1/2 gpm

Method of development Submersible Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity gpm

Pump type:

Drilling Method Air Rotary

Drilling Fluid Aluma Lube Type of Rig Reichdrill 650

Name of Driller Dennis Moore

Health and Safety Plan submitted? ☒ Yes ☐ No

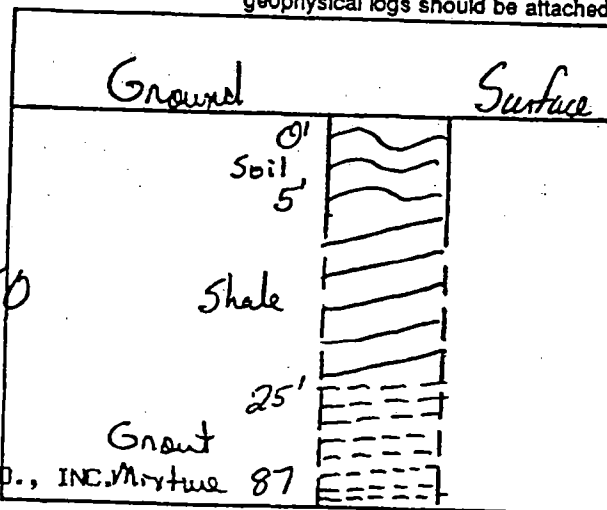
Level of Protection used on site (circle one) None C B A

N.J. License No. 0931

Name of Drilling Company SAMUEL STUTHOFF CO., INC.

	Depth to Top (ft.) (From land surface)	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	<u>0</u>	<u>12</u>	<u>6</u>	<u>Sch 10 Type 304 Stainless Steel Casing</u>
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	<u>0</u> <u>25</u>	<u>12</u> <u>87</u>	<u>—</u>	<u>Portland Cement Portland Cement</u>
Method of Grouting	<u>Pressure Grout w/ Tremie Pipe</u>			

GEOLOGIC LOG (Copies of other geologic logs and/or geophysical logs should be attached.)



I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable State rules and regulations.

Driller's Signature Dennis Moore

Date 7/26/90

DWR-138 M
6/89

New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25 36545
Atlas Sheet Coordinates 26 32 485 ☐

OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NJ Zip Code 08869

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-14
County Somerset Municipality RARITAN BORO Lot No. 4 Block No. 31
Address Route 202, Raritan, New Jersey

TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 6.22.90
Regulatory Program Requiring Well RCRA Case I.D. #

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Dana & Moore Tele. # 201-272-8300

WELL CONSTRUCTION

Total depth drilled 30 ft.

Well finished to 30 ft.

Borehole diameter:

Top 10 in.

Bottom 6 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing height (stick up) above land surface 1 ft.

Was steel protective casing installed?
☐ Yes ☒ No

Static water level after drilling 21 ft.

Water level was measured using M-Scope

Well was developed for 1/2 hour at 1/2 gpm

Method of development Submersible Pump

Was permanent pumping equipment installed? ☐ Yes ☐ No

Pump capacity gpm

Pump type:

Drilling Method Air Rotary

Drilling Fluid Mud Type of Rig Reichdrill 11650

Name of Driller Denny Wene

Health and Safety Plan submitted? ☒ Yes ☐ No

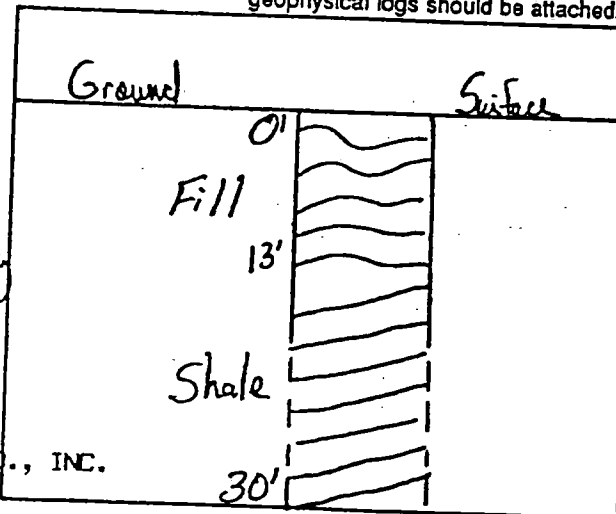
Level of Protection used on site (circle one) None (D) C B A

N.J. License No. 0931

Name of Drilling Company SAMUEL STOTHOFF CO., INC.

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	0	20	6	Sch 10 Type 304 Stainless Steel
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	0	20	—	Portland Cement
Method of Grouting	Pressure Grout w/ Trimmer Line			

GEOLOGIC LOG (Copies of other geologic logs and/or geophysical logs should be attached.)



Certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable State rules and regulations.

Driller's Signature Denny Wene

Date 7/24/90

DWR-138 M
6/89

New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25-36941-5
Atlas Sheet Coordinates 25:32:485

OWNER IDENTIFICATION - Owner Ortho Diagnostic Systems
Address Route 202
City Raritan State NJ Zip Code 08869

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-15
County Bernslet Municipality Raritan Lot No. 4 Block No. 31
Address Route 202, Raritan, New Jersey

TYPE OF WELL (as per Well Permit Categories) Monitoring Date well completed 6.25.90
Regulatory Program Requiring Well RCRA Case I.D. #

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Danad Moore Tele. # 201-272-8300

WELL CONSTRUCTION

Total depth drilled 25 ft.
Well finished to 25 ft.

Borehole diameter:
Top 10 in.
Bottom 6 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing height (stick up) above land surface ft.

Was steel protective casing installed? ☐ Yes ☒ No

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	0	12	6	Sch 10 Type 304 Stainless Steel
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	0	12	—	Portland Cement
Method of Grouting	Pressure Grout w/ Triassic Line			

Static water level after drilling 21 ft.
Water level was measured using M-Scope
Well was developed for 1/2 hour at 1/2 gpm
Method of development Submersible Pump

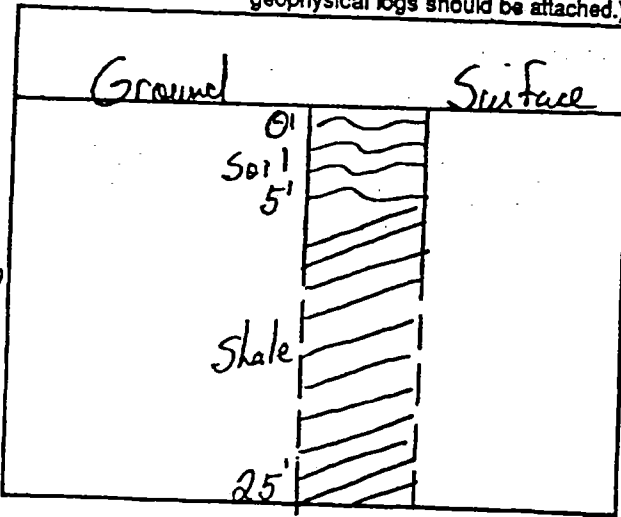
Was permanent pumping equipment installed? ☐ Yes ☒ No
Pump capacity gpm

Pump type:
Drilling Method Air Rotary
Drilling Fluid Numalube Type of Rig Reichelt 650
Name of Driller Dewey Allen

Health and Safety Plan submitted? ☐ Yes ☒ No
Level of Protection used on site (circle one) None OC B A

N.J. License No. 0931
Name of Drilling Company Samuel Stothoff Co, Inc

GEOLOGIC LOG (Copies of other geologic logs and/or geophysical logs should be attached.)



I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable State rules and regulations.

Driller's Signature Dave Wene

Date 7/24/90

DWR-138 M
6/89

New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25 36546
Atlas Sheet Coordinates 25 32 485 ☐

OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NJ Zip Code 08869

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-16
County Somerset Municipality RARITAN BORO Lot No. 4 Block No. 31
Address Route 202, Raritan, New Jersey

TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 6/25/90
Regulatory Program Requiring Well RORA Case I.D. #

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Dennis Moore Tele. # 201-272-8300

WELL CONSTRUCTION

Total depth drilled 30 ft.

Well finished to 30 ft.

Borehole diameter:

Top 10 in.

Bottom 6 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing
height (stick up) above land
surface ft.

Was steel protective casing installed?
☐ Yes ☒ No

Static water level after drilling 20 ft.

Water level was measured using M-Scope

Well was developed for 1/2 hours at 1/2 gpm

Method of development Submersible Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity gpm

Pump type:

Drilling Method Air Rotary

Drilling Fluid Mud Type of Rig Reichmull 650

Name of Driller Dennis Moore

Health and Safety Plan submitted? ☒ Yes ☐ No

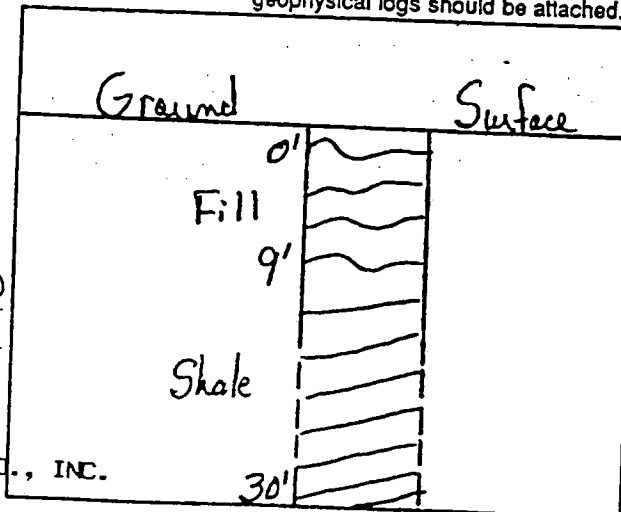
Level of Protection used on site (circle one) None (D) C B A

N.J. License No. 0931

Name of Drilling Company SAMUEL STOTHOFF CO., INC.

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	0	20	6	Sch 10 Type 304 Stainless Steel
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	0	20	—	Portland Cement
Method of Grouting	Pressure Grout w/ Triaxial Line			

GEOLOGIC LOG (Copies of other geologic logs and/or
geophysical logs should be attached.)



I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
State rules and regulations.

Driller's Signature Dennis Moore

Date 7/14/90

DWR-138 M
6/89New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25 36547
Atlas Sheet Coordinates 25 32 485 ☐OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NJ Zip Code 08869WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-17
County Somerset Municipality RARITAN BORO Lot No. 4 Block No. 31
Address Route 202, Raritan, New JerseyTYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 6/26/90
Regulatory Program Requiring Well RCRA Case I.D. # CONSULTING FIRM/FIELD SUPERVISOR (if applicable) James A Moore Tele. # 201-272-8300

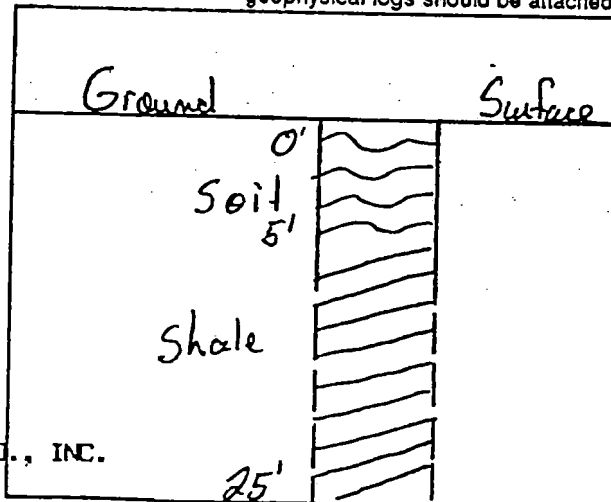
WELL CONSTRUCTION

Total depth drilled 25 ft.Well finished to 25 ft.

Borehole diameter:

Top 10 in.Bottom 6 in.Well was finished: ☐ above grade
☒ flush mountedIf finished above grade, casing
height (stick up) above land
surface — ft.Was steel protective casing installed?
☐ Yes ☒ NoStatic water level after drilling 21 ft.Water level was measured using M-ScopeWell was developed for 1/2 hour at 1/2 gpmMethod of development Submersible PumpWas permanent pumping equipment installed? ☐ Yes ☒ NoPump capacity — gpmPump type: —Drilling Method Air RotaryDrilling Fluid Murphree Type of Rig Reichdrill 650Name of Driller Danny WaneHealth and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None ☒ C ☐ B ☐ AN.J. License No. 0931Name of Drilling Company SAMUEL STUTHOFF CO., INC.

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	0	12	6	Sch 10 Type 304 Stainless Steel
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	0	12	—	Portland Cement
Method of Grouting	Pressure Grout w/ Tremie Line			

GEOLOGIC LOG (Copies of other geologic logs and/or
geophysical logs should be attached.)I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
State rules and regulations.Driller's Signature Danny WaneDate 7/24/90

DWR-138 M
6/89

New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25 - 36409
Atlas Sheet Coordinates 25 : 32 : 485

OWNER IDENTIFICATION - Owner ORION DIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NJ Zip Code 08869

WELL LOCATION - If not the same as owner please give address.
County Somerset Municipality RARITAN BORO Owner's Well No. MW19
Address Route 202, Harton, Whitey Lot No. 04 Block No. 31

TYPE OF WELL (as per Well Permit Categories) MONITORING
Regulatory Program Requiring Well BCRA Date well completed 5.24.90
Case I.D. # _____

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Danna & Moore Tele. # 201-272-8300

WELL CONSTRUCTION

Total depth drilled 20 ft.

Well finished to 20 ft.

Borehole diameter:
Top 10 in.
Bottom 10 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing
height (stick up) above land
surface _____ ft.

Was steel protective casing installed?
☐ Yes ☒ No

Static water level after drilling 5'5" ft.

Water level was measured using Pressure Scope

Well was developed for 1 hours at less than gpm

Method of development Submersible Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Method Air Rotary

Drilling Fluid Mudcake Type of Rig Berchill 650

Name of Driller Denny Wene

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None ☒ C ☐ B ☐ A

N.J. License No. 0931

Name of Drilling Company SAMUEL STOTHOFF CO., INC.

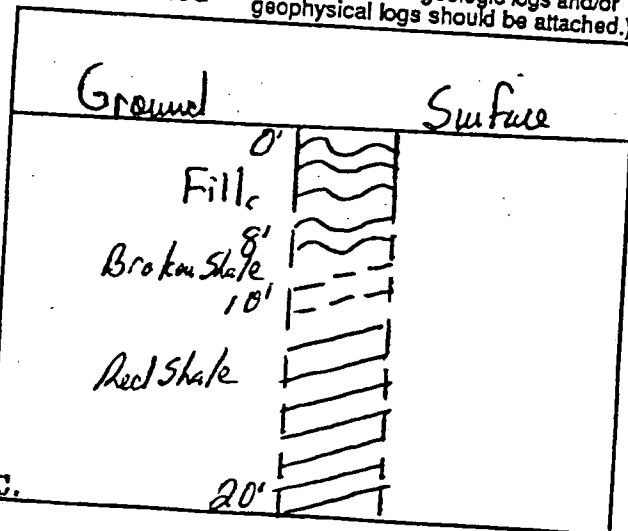
I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
State rules and regulations.

Driller's Signature Denny Wene

Date 7/2/90

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing				
Outer Casing (Not Protective Casing)	0	3	6	PVC Sch 40
Screen (Note slot size)	3	20	6	PVC Sch 40 .020 slot
Tail Piece	-	-	-	-
Gravel Pack	2	20	-	#2 Gravel
Annular Seal/Grout	0	3	-	Gunite Rebar Posttensioned
Method of Grouting	Mixed & Poured w/ 5 gallon Pail			

GEOLOGIC LOG (Copies of other geologic logs and/or
geophysical logs should be attached.)



DWR-138 M
6/89



New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25 - 38813
Atlas Sheet Coordinates 25 : 32 : 486

OWNER IDENTIFICATION - Owner ORTHODIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NJ Zip Code 08869

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-23
County Somerset Municipality RARITAN BOBO Lot No. 4 Block No. 31
Address Route 202

TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 6 17 191
Regulatory Program Requiring Well RCRA Case I.D. #
CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Dennis & Moore Tele. # 1-201-789-3942

WELL CONSTRUCTION

Total depth drilled 80 ft.

Well finished to 80 ft.

Borehole diameter:
Top 10 in.
Bottom 6 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing
height (stick up) above land
surface — ft.

Was steel protective casing installed?
☐ Yes ☒ No

Static water level after drilling 46.96 ft.

Water level was measured using M-Scope

Well was developed for 2.5 hours at 1.1 gpm

Method of development Mechanically Surge / Submersible Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity — gpm

Pump type: —

Drilling Method Air Rotary

Drilling Fluid Air Type of Rig Reichelt 650

Name of Driller Dennis & Moore

Health and Safety Plan submitted? ☒ Yes ☐ No

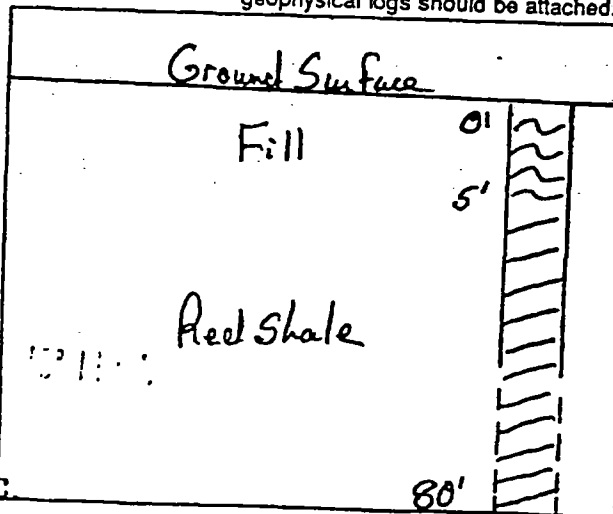
Level of Protection used on site (circle one) None (D) C B A

License No. 0931

Name of Drilling Company SAMUEL STUBBINS CO., INC.

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	<u>0</u>	<u>55</u>	<u>6</u>	<u>Type 304 Stainless Steel</u>
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	<u>0</u>	<u>55</u>	—	<u>Portland Cement</u>
Method of Grouting	<u>Pressure Grout w/ Time Line</u>			

GEOLOGIC LOG (Copies of other geologic logs and/or geophysical logs should be attached.)



I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable State rules and regulations.

Driller's Signature Dennis & Moore

Date 6/17/01

DWR-138 M
12/91New Jersey Department of Environmental Protection and Energy
Bureau of Water Allocation

MONITORING WELL RECORD

Well Permit No. 25 - 40519
Atlas Sheet Coordinates 25 : 32 : 485

OWNER IDENTIFICATION - Owner

Address ORTHO DIAGNOSTIC SYSTEMS
City RT. 202 NORTH State NJ Zip Code 08869
RARITAN

WELL LOCATION - If not the same as owner please give address.

County Somerset Municipality RARITAN BORO Owner's Well No. MW-MT
Address Same as above Lot No. 4 Block No. 31

TYPE OF WELL (as per Well Permit Categories)

Regulatory Program Requiring Well MONITORING Date well completed 1 / 21 / 92CONSULTING FIRM/FIELD SUPERVISOR (if applicable) RCRA Case I.D. # Dames & Moore Tele. # 908-272-8300

WELL CONSTRUCTION

Total depth drilled 30 ft.Well finished to 30 ft.

Borehole diameter:

Top 10 in.Bottom 6 in.It was finished: ☐ above grade
☒ flush mountedIf finished above grade, casing
height (stick up) above land
surface - ft.Was steel protective casing installed?
☐ Yes ☒ NoStatic water level after drilling 30 ft.Water level was measured using M-ScopeWell was developed for - hours at - gpmMethod of development -Was permanent pumping equipment installed? ☐ Yes ☒ NoPump capacity - gpmPump type: -Drilling Method Air RotaryDrilling Fluid Air Type of Rig Driltech D40KName of Driller Jim HallHealth and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None (D) C B AN.J. License No. 1469Name of Drilling Company SAMUEL STOTHOFF CO., INC.I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
State rules and regulations.Driller's Signature James HallDate 1/29/92

COPIES: White & Green - DEPE Canary - Driller Pink -

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	-	-	-	-
Outer Casing (Not Protective Casing)	0	16	6	Sch 40 Steel Casing
Screen (Note slot size)	-	-	-	-
Tail Piece	-	-	-	-
Gravel Pack	-	-	-	-
Annular Seal/Grout	0	16	-	Portland Cement
Method of Grouting	Pressure Grout with Tremie Line			

GEOLOGIC LOG (Copies of other geologic logs and/or
geophysical logs should be attached.)

0'	-	3'	Clay
3'	-	4'	Sand
4'	-	6'	Gravel/Sand/Clay
6'	-	9'	Weathered Shale
9'	-	30'	SHale

DWR-138 M
6/89

New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25 36540
Atlas Sheet Coordinates 25 32 485 ☐

OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NJ Zip Code 08569

WELL LOCATION - If not the same as owner please give address. Owner's Well No. P-1
County Somerset Municipality RARITAN BORO Lot No. 4 Block No. 31
Address Route 202, Raritan New Jersey

TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 6/26/90
Regulatory Program Requiring Well RCRA Case I.D. # _____

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Dennis & Moore Tele. # 201-272-8300

WELL CONSTRUCTION

Total depth drilled 5 ft.

Well finished to 5 ft.

Borehole diameter:

Top 6 in.

Bottom 6 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing
height (stick up) above land
surface — ft.

Was steel protective casing installed?
☐ Yes ☒ No

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing				
Outer Casing (Not Protective Casing)	<u>0</u>	<u>1.5</u>	<u>2</u>	<u>Sch 40 PUL</u>
Screen (Note slot size)	<u>1.5</u>	<u>5</u>	<u>2</u>	<u>Sch 40 PUL 0.020 slot</u>
Tail Piece	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
Gravel Pack	<u>0.6"</u>	<u>5'</u>	<u>—</u>	<u>#2 Gravel</u>
Annular Seal/Grout	<u>3"</u>	<u>6"</u>	<u>—</u>	<u> Bentonite Pellets</u>
Method of Grouting	<u>Mixed & poured w/ 5 gallon Pail</u>			

Static water level after drilling — ft.

Water level was measured using 3

Well was developed for — hours at — gpm

Method of development —

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity — gpm

Pump type: —

Drilling Method Air Rotary

Drilling Fluid Muraduk Type of Rig Perchdrill 650

Name of Driller Dennis Wene

Health and Safety Plan submitted? ☐ Yes ☒ No

Level of Protection used on site (circle one) None (D) C B A

N.J. License No. 0931

Name of Drilling Company SAMUEL STUTHOFF CO., INC.

GEOLOGIC LOG (Copies of other geologic logs and/or
geophysical logs should be attached.)

Ground	Surface
Soil	<u>1' to 5'</u>

Driller's Signature Dennis Wene

Date 7/24/90

DEPARTMENT OF CONSERVATION
Division of Water Policy and Supply

Permit No. 25-322

Application No. _____

County Somerset

WELL RECORD 25-322

1. OWNER Ortho Pharmaceutical Corp ADDRESS Raritan, N.J.

Owner's Well No. 1SURFACE ELEVATION 7140' ± Feet
(Above mean sea level)2. LOCATION Route 29, Raritan, N.J.3. DATE COMPLETED Oct 8, 1948 DRILLER Wm. Stothoff Co. Inc.4. DIAMETER: Top 8 Inches Bottom 8 Inches TOTAL DEPTH 400 Feet5. CASING: Type Drive Pipe Diameter 8 Inches Length 34' 3" Feet6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range in Depth { Top _____ Feet Geologic Formation Trb
Bottom _____ Feet

Tail piece: Diameter _____ Inches Length _____ Feet

7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface8. RECORD OF TEST: Date Oct 8, 1948 Yield 66 Gallons per minute
Static water level before pumping 40' Feet below surface
Pumping level 180' feet below surface after 24 hours pumpingDrawdown 40' to 180' Feet Specific Capacity _____ Gals. per min. per ft. of drawdownHow Pumped Turbine Pump How measured Orifice

Observed effect on nearby wells _____

9. PERMANENT PUMPING EQUIPMENT:

Type ? Capacity _____ Gallons per minute

How Driven _____ Horse Power _____ R.P.M. _____

Depth of pump in well _____ Feet Depth of foot piece in well _____ Feet

10. USED FOR Air Conditioning
AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily11. QUALITY OF WATER _____ Sample: Yes. _____ No. _____
Taste _____ Odor _____ Color _____ Temperature _____ °F12. LOG See other side

(Give details on back of sheet or on separate sheet)

Are samples available? noSOURCE OF DATA Well Statement14. DATA OBTAINED BY HJ Stothoff DATE Oct 13, 1948

(Note:—Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

RECEIVED

APR 13 1951

Department of Conservation
& Economic Development
Geologic & Top. SurveyDEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
Division of Water Policy & Supply
WELL RECORD25-32-485
Permit No. 25-871
Application No.
County Somerset
25-32-485
25-871

1. OWNER Ortho Pharmaceutical Corp. ADDRESS Raritan, N.J.
Owner's Well No. 4 SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Borough of Raritan County of Somerset
3. DATE COMPLETED April 7, 1951 DRILLER Wm. Stothoff Co. Inc.
4. DIAMETER: Top 8 Inches Bottom 8 Inches TOTAL DEPTH 342 Feet
5. CASING: Type drive pipe Diameter 6 Inches Length 351 Feet
Size of Opening _____
6. SCREEN: Type _____ Diameter _____ Inches Length _____ Feet
Range in Depth { Top _____ Feet Bottom _____ Feet Geologic Formation Trb
Tail piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date April 7, 1951 Yield 160 Gallons per minute
Static water level before pumping 54 Feet below surface
Pumping level 125 feet below surface after 8 hours pumping
Drawdown 71 Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How Pumped Turbine How measured Orifice
Observed effect on nearby wells none
9. PERMANENT PUMPING EQUIPMENT:
Type Turbine pump Capacity 100 Gallons per minute
How Driven Electric motor Horse Power 15 R.P.M. 1800
Depth of pump in well 200 Feet Depth of foot piece in well 10 Feet
10. USED FOR Air conditioning-Industrial AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste none Odor none Color clear Temperature 52 °F
12. LOG See other side (Give details on back of sheet or on separate sheet) Are samples available? no
13. SOURCE OF DATA Well Statement
14. DATA OBTAINED BY H.J. Stothoff DATE April 9, 1951
- (Note: Use other side of this sheet for additional information such as log of materials
sketch of special features)

85
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485

Permit No. 25-5125
Application No. _____
County _____
25.32.485
25.5125

**DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
Division of Water Policy & Supply
WELL RECORD**

1. OWNER Ortho Pharmaceutical Corp ADDRESS Route 202 Raritan, N.J.
Owner's Well No. Deepening No 1 well SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Raritan, Township Bridgewater Twp, N.J.
3. DATE COMPLETED Dec 8, 1955 DRILLER Wm. Stothoff Co. Inc.
Deepened from 400' to
4. DIAMETER: Top 8 Inches Bottom 8 Inches TOTAL DEPTH 700 Feet
5. CASING: Type _____ Diameter _____ Inches Length _____ Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range in Depth { Top _____ Feet Geologic Formation Barn. sh.
Bottom _____ Feet
Tail piece. Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date Dec 5, 1955 Yield 205 Gallons per minute
Static water level before pumping 40' Feet below surface
Pumping level 188 feet below surface after 8 hours pumping
Drawdown 148' Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How Pumped Turbine How measured Orifice
Observed effect on nearby wells none
9. PERMANENT PUMPING EQUIPMENT:
Type Original pump installed Capacity _____ Gallons per minute
How Driven _____ Horse Power _____ R.P.M. _____
Depth of pump in well _____ Feet Depth of Foot piece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____
10. USED FOR Industrial
AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____
Taste none Odor none Color clear Sample: Yes _____ No _____
Temperature 55 °F
12. LOG See other side
(Give details on back of sheet or on separate sheet) Are samples available? no
13. SOURCE OF DATA Well Statement.
14. DATA OBTAINED BY W. J. Stothoff DATE Dec 27, 1955

(Note: Use other side of this sheet for additional information such as log of materials penetrated, water, sketch map, sketch of special casing)

25 32 485

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

Permit No. 25-15153
Application No. 425-29
County _____

WELL RECORD

25 32 485
25 15153

1. OWNER Ortho Pharmaceutical Corp. ADDRESS Route 202, Raritan, N. J. 08869
Replacement for Well
Owner's Well No. No. 1 SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Raritan, Somerset County, N. J.
3. DATE COMPLETED April 10, 1969 DRILLER Wm. Stothoff Co., Inc.
4. DIAMETER: top 8 Inches Bottom 8 Inches TOTAL DEPTH 622 Feet
5. CASING: Type Std. Steel - P.E. Diameter 8 Inches Length 50 Feet
6. SCREEN: Type None Size of Opening _____ Diameter _____ Inches Length _____ Feet
- Range in Depth { Top _____ Feet
Bottom _____ Feet Geologic Formation _____
- Tail piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date April 9, 1969 Yield 235 Gallons per minute
Static water level before pumping _____ 50 _____ Feet below surface
Pumping level 165 feet below surface after 8 hours pumping
Drawdown 115 Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How Pumped Turbine Pump How measured Orifice
Observed effect on nearby wells None observed
9. PERMANENT PUMPING EQUIPMENT:
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pum. in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Industrial AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER Good Sample: Yes _____ No. XX
Taste _____ Odor _____ Color _____ Temp. _____ of
12. LOG 0-2, Overburden; 2-622, Red shale Are samples available? No
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA Wm. Stothoff Co., Inc.
14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date April 11, 1969

(NOTE: Use other side of this sheet for additional information such as analysis of the water, sketch map, etc.)

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

Permit No. 25 11, 673

Application No. 425-29

County

WELL RECORD

25 39 285

25 11673

1. OWNER Ortho Pharmaceutical Corp. ADDRESS Raritan, N. J.
Rehabilitation of
Owner's Well No. #2 SURFACE ELEVATION Feet
(Above mean sea level)

2. LOCATION

3. DATE COMPLETED Jan. 4, 1964 DRILLER Wm. Stothoff Co., Inc.

4. DIAMETER: top 8 Inches Bottom 8 Inches TOTAL DEPTH 601 Feet

5. CASING: Type Diameter 7 Inches Length Feet

6. SCREEN: Type Size of Opening Diameter Inches Length Feet

Range in Depth { Top Feet
Bottom Feet Geologic Formation

Tail piece: Diameter Inches Length Feet

7. WELL FLOWS NATURALLY Gallons per Minute at Feet above surface
Water rises to Feet above surface

8. RECORD OF TEST: Date Jan. 2, 1964 Yield 97 Gallons per minute

Static water level before pumping 86 Feet below surface

Pumping level 178 feet below surface after 8 hours pumping

Drawdown 92 Feet Specific Capacity Gals. per min. per ft. of drawdown

How Pumped Turbine pump How measured Orifice

Observed effect on nearby wells

9. PERMANENT PUMPING EQUIPMENT:

Type Mfrs. Name

Capacity G.P.M. How Driven H.P. R.P.M.

Depth of Pump in well Feet Depth of Footpiece in well Feet

Depth of Air Line in well Feet Type of Meter on Pump Size Inches

10. USED FOR AMOUNT { Average Gallons Daily
Maximum Gallons Daily

11. QUALITY OF WATER Sample: Yes No.

Taste None Odor None Color Clear Temp. °F

12. LOG 284'-601' - Red shale Are samples available?
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)

13. SOURCE OF DATA Rehabilitation of existing well #2.

14. DATA OBTAINED BY Wm. Stothoff Co., Inc. Date Feb. 12, 1964

(NOTE: Use other side of this sheet for additional information such as log of materials, analysis of the water, sketch map, sketch of special)

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

WELL RECORD

25-32-4-85

Permit No. 25-8022

Application No. _____

County _____

25-32-485

25-8022

1. OWNER Ortho Pharmaceutical Corp ADDRESS Raritan, N.J.
Owner's Well No. Deepening #4 well SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Raritan, Somerset Co. N.J.
3. DATE COMPLETED Nov. 24, 1958 DRILLER Wm. Stothoff Co. Inc.
4. DIAMETER: top 12 inches Bottom 12 inches TOTAL DEPTH 707 Feet
5. CASING: Type Deepened well from 343'6" to 707' Diameter _____ inches Length _____ Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ inches Length _____ Feet
Range in Depth { Top _____ Feet Bottom _____ Feet Geologic Formation _____
- Tail piece: Diameter _____ inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date Nov 18-19, 1958 Yield 257 Gallons per minute
Static water level before pumping 85 Feet below surface
Pumping level 104 feet below surface after 2 1/2 hours pumping
Drawdown 19' Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How Pumped Turbine How measured Orifice
Observed effect on nearby wells _____
9. PERMANENT PUMPING EQUIPMENT:
Type Turbine pump Mfrs. Name Fairbanks Morse
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Same pump installed that was pulled out of well
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches
10. USED FOR deepening well AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste none Odor none Color clear Temp. _____ of
12. LOG see other side Are samples available? no
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA Well Statement
14. DATA OBTAINED BY H.J. Stothoff Date Dec 3, 1958

(NOTE: Use other side of this sheet for additional information and analysis of the water.)

MONITORING WELL RECORD

Well Permit No. 25 42483

Atlas Sheet Coordinates 25 : 32 : 485

OWNER IDENTIFICATION - Owner SUN REFINING & MARKETING

Address _____

City PHILADELPHIAState PA

Zip Code _____

WELL LOCATION - If not the same as owner, please give address.

County SomersetMunicipality SOMERVILLE BOROOwner's Well No. PW-1

Address _____

Lot No. 14Block No. 48

TYPE OF WELL (as per Well Permit Categories)

Regulatory Program Requiring Well PIEZOMETERDate well completed 1 / 28 / 93CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Aqua Tex, Inc. Case I.D. # _____Tele. # 567-8280

WELL CONSTRUCTION

Total depth drilled 15 ft.Well finished to 15 ft.

Borehole diameter:

Top 7 in.Bottom 7 in.Well was finished: ☐ above grade
☒ flush mounted

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	-6"	5	2	PVC
Outer Casing (Not Protective Casing)				
Screen (Note slot size)	5	15	2	PVC-20 Slot
Tail Piece				
Gravel Pack	4	15	7	#2 Gravel
Annular Seal/Grout	-6"	4	7	Bentonite
Method of Grouting	pressure grouted			

Well was finished above grade, casing
height (stick up) above land
surface _____ ft.Was steel protective casing installed?
☐ Yes ☒ No

Static water level after drilling _____ ft.

Water level was measured using _____

Well was developed for _____ hours at _____ gpm

Method of development _____

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Method HSADrilling Fluid _____ Type of Rig B57Name of Driller William MichaelisHealth and Safety Plan submitted? ☐ Yes ☒ NoLevel of Protection used on site (circle one) None D C B AN.J. License No. 1079

Name of Drilling Company _____

B & F WELL DRILLING INC.I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
State rules and regulations.Driller's Signature William MichaelisDate 3/4/93

COPIES: White & Green - DEPE Canary - Driller Pink - Owner

GEOLOGIC LOG (Copies of other geologic logs and/or
geophysical logs should be attached.)

SEE ATTACHED LOG

25.32.486

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

PERMIT NO. 25-21829

25.32.486

APPLICATION NO. _____

WELL RECORD

COUNTY _____

25.21829

1. OWNER Mr. Angelo Crisei ADDRESS 34 Gaston Ave., Raritan, NJ 08869

Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)

2. LOCATION Lot 13, Bl. 79, Raritan, Somerset Cty.

3. DATE COMPLETED 5/30/81 DRILLER Somerville Well Drilling Co., Inc.

4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 150 Feet

5. CASING: Type Drive Diameter 6 inches Length 50 Feet

6. SCREEN: Type _____ Size of Opening _____ Diameter _____ inches Length _____ Feet

Range in Depth { Top _____ Feet
Bottom _____ Feet } Geologic Formation _____

Tail Piece: Diameter _____ inches Length _____ Feet

7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface

Water rises to _____ Feet above surface

RECORD OF TEST: Date 5/30/81 Yield 30 Gallons per minute

Static water level before pumping 20' Feet below surface

Pumping level 100' feet below surface after 5 hours pumping

Drawdown 80' Feet Specific Capacity _____ Gals. per min. per ft. of drawdown

How pumped air How measured weir

Observed effect on nearby wells none

9. PERMANENT PUMPING EQUIPMENT:

Type _____ Mfrs. Name _____

Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____

Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet

Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches

10. USED FOR Domestic AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily

11. QUALITY OF WATER good Sample: Yes _____ No _____

Taste none Odor none Color none Temp. _____ °F.

12. LOG shale Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)

13. SOURCE OF DATA Somerville Well Drilling Co., Inc.

14. DATA OBTAINED BY Same as above, Date 6/17/81

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

PERMIT NO. 25-26614

25.26614
WELL RECORD

APPLICATION NO. _____

COUNTY Somerset

Coord: 2532486

1. OWNER North American Products Inc. ADDRESS Foot of Tillman St., Raritan, N.J.
Owner's Well No. MW-1 SURFACE ELEVATION _____ Feet
2. LOCATION Lot: 14 Block: 31 Municipality: Raritan Boro (Above mean sea level)
3. DATE COMPLETED 8/29/85 DRILLER Samuel Stothoff Co., Inc.
4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 100 Feet
5. CASING: Type Sch 40 Steel Diameter 6 Inches Length 42 Feet
6. SCREEN: Type - Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range in Depth { Top _____ Feet
Bottom _____ Feet Geologic Formation _____
Tail Piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date 8/29/85 Yield .5 Gallons per minute
Static water level before pumping 30' Feet below surface
Pumping level 100 feet below surface after 1 hours pumping
Drawdown 70' Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped Air Lift How measured Weir
Observed effect on nearby wells None
9. PERMANENT PUMPING EQUIPMENT:
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Monitoring AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG 0'-5' - Soil, 5'-100' Red Shale Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Samuel Stothoff Co., Inc.
14. DATA OBTAINED BY Jim Kintzel Date 8/29/85

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

Form DWA 138
11/80

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

25-26615-2
WELL RECORD

PERMIT NO. 25-26615-2
APPLICATION NO. _____
COUNTY Somerset
Coord: 2532486

1. OWNER North American Products Inc. ADDRESS Foot of Tillman St., Raritan, N.J.
Owner's Well No. MW-2 SURFACE ELEVATION _____ Feet
2. LOCATION Lot: 14 Block: 31 Municipality: Raritan Boro (Above mean sea level)
3. DATE COMPLETED 8/27/85 DRILLER Samuel Stothoff Company, Inc.
4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 100' Feet
5. CASING: Type Sch 40 Steel Diameter 6 inches Length 36 Feet
6. SCREEN: Type - Size of Opening _____ Diameter _____ inches Length _____ Feet
Range in Depth { Top _____ Feet
Bottom _____ Feet Geologic Formation _____
Tail Piece: Diameter _____ inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date 8/27/85 Yield .5 Gallons per minute
Static water level before pumping _____ 30 Feet below surface
Pumping level 100' feet below surface after 1 hours pumping
Drawdown 70' Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped Air Lift How measured Weir
Observed effect on nearby wells None
9. PERMANENT PUMPING EQUIPMENT:
Type - Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches
10. USED FOR Monitoring AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG 0'-5' - Soil, 5'-100' - Red Shale Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Samuel Stothoff Co., Inc.
14. DATA OBTAINED BY Jim Kintzel Date 8/27/85

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

Form DW-138
11/80
FOR MONITORING
WELLS ONLY

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

25-26616-1

WELL RECORD

PERMIT NO. 25-26616-1

APPLICATION NO. _____

COUNTY Somerset

Coord: 2532486

1. OWNER North American Products Inc. ADDRESS Foot of Tillman St., Raritan, N.J.
Owner's Well No. MW-3 SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Lot: 14 Block: 31 Municipality: Raritan Boro
3. DATE COMPLETED 8/29/85 DRILLER Samuel Stothoff Co., Inc.
4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 58 Feet
5. CASING: Type Sch 40 Steel Diameter 6 inches Length 17 Feet
6. SCREEN: Type - Size of Opening _____ Diameter _____ inches Length _____ Feet
- Range in Depth { Top _____ Feet
Bottom _____ Feet
- Geologic Formation _____
- Tail Piece: Diameter _____ inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date 8/29/85 Yield .5 Gallons per minute
Static water level before pumping 30' Feet below surface
Pumping level 58' feet below surface after 1 hours pumping
Drawdown 28 Feet Specific Capacity - Gals. per min. per ft. of drawdown
How pumped Air Lift How measured Weir
Observed effect on nearby wells None
9. PERMANENT PUMPING EQUIPMENT:
Type - Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches
10. USED FOR _____ AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ °F.
12. LOG 0'-5' Soil, 5'-58' Red Shale Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Samuel Stothoff Co., Inc.
14. DATA OBTAINED BY Jim Kintzel Date 8/29/85

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

Form DWB 13
11/80
**FOR MONITORING
PURPOSES ONLY**

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

25-26617
WELL RECORD

PERMIT NO. 25-26617

APPLICATION NO. _____

COUNTY Somerset

Coord: 2532486

1. OWNER North American Products Inc. ADDRESS Foot of Tillman St., Raritan, N.J.
Owner's Well No. MW-4 SURFACE ELEVATION _____ Feet

2. LOCATION Lot:14 Block: 31 Municipality: Raritan Boro (Above mean sea level)

3. DATE COMPLETED 8/29/85 DRILLER Samuel Stothoff Co., Inc.

4. DIAMETER: Top 10 inches Bottom 6 inches TOTAL DEPTH 100' Feet

5. CASING: Type Sch 40 Steel Diameter 6 Inches Length 42 Feet

6. SCREEN: Type - Size of Opening _____ Diameter _____ Inches Length _____ Feet

Range in Depth { Top _____ Feet
Bottom _____ Feet
Geologic Formation _____

Tail Piece: Diameter _____ Inches Length _____ Feet

7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface

8. RECORD OF TEST: Date 8/29/85 Yield .5 Gallons per minute
Static water level before pumping 30' Feet below surface

Pumping level 100' feet below surface after 1 hours pumping

Drawdown 70' Feet Specific Capacity _____ Gals. per min. per ft. of drawdown

How pumped Air Lift How measured Weir

Observed effect on nearby wells None

9. PERMANENT PUMPING EQUIPMENT:

Type - Mfrs. Name _____

Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____

Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet

Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches

10. USED FOR Monitoring AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily

11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ OF.

12. LOG 0'-5' - Soil, 5'-100' Red Shale Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)

13. SOURCE OF DATA Samuel Stothoff Co., Inc.

14. DATA OBTAINED BY Jim Kintzel Date 8/29/85

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

PERMIT NO 25-33540-5

APPLICATION NO 9

COUNTY Somerset

25.32.486
WELL RECORD

25.33540-5

25.32,486

- 1 OWNER Ortho Diagnostics Inc. ADDRESS Rte. #202 Raritan, NJ 08869
Owner's Well No MW-5 SURFACE ELEVATION _____ Feet
(Above mean sea level)
- 2 LOCATION same
- 3 DATE COMPLETED May 26, 1989 DRILLER Samuel Stothoff Co., Inc.
- 4 DIAMETER Top 8 inches Bottom 8 inches TOTAL DEPTH 21 Feet
- 5 CASING Type PVC Diameter 4 inches Length 5 Feet
- 6 SCREEN Type PVC Size of Opening 20 Diameter 4 inches Length 18 Feet
- Range in Depth { Top 3 Feet
Bottom 21 Feet
- Geologic Formation red shale
- Tail Piece Diameter _____ inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
- 8 RECORD OF TEST Date May 26, 1989 Yield 0 Gallons per minute
Static water level before pumping 5 Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells _____
- 9 PERMANENT PUMPING EQUIPMENT
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches
10. USED FOR monitoring AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ OF.
12. LOG 0'-5' soil, 5'-21' red shale one 2 JUA
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.) Are samples available? _____
- 13 SOURCE OF DATA Dennis Wene
14. DATA OBTAINED BY Samuel Stothoff Co., Inc. Date 5/26/89

(NOTE. Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

OFFICE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

25-33541-3
WELL RECORD

PERMIT NO 25-33541-3

APPLICATION NO 6

COUNTY Somerset

25.32.486

- 1 OWNER Ortho Diagnostics Systems Inc ADDRESS Rte. #202 Raritan, NJ 08869
Owner's Well No. MW-6 SURFACE ELEVATION _____ Feet
- 2 LOCATION same (Above mean sea level)
3. DATE COMPLETED May 26, 1989 DRILLER Samuel Stothoff Co., Inc.
- 4 DIAMETER Top 8 inches Bottom 8 inches TOTAL DEPTH 21 Feet
- 5 CASING: Type PVC Diameter 4 inches Length 5 Feet
- 6 SCREEN: Type PVC Size of Opening 20 Diameter 4 inches Length 18 Feet
Range in Depth { Top 3 Feet
Bottom 21 Feet Geologic Formation red shale
- Tail Piece Diameter _____ inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
- 8 RECORD OF TEST Date May 26, 1989 Yield 0 Gallons per minute
Static water level before pumping 5 Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells _____
- 9 PERMANENT PUMPING EQUIPMENT
Type _____ Mrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches
10. USED FOR Monitoring AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ OF.
12. LOG 0'-5' soil, 5'-21' red shale Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Samuel Stothoff Co., Inc.
- 14 DATA OBTAINED BY Samuel Stothoff Co., Inc. Date 5/26/89

(NOTE. Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

11/80

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

25.32.486

WELL RECORD

25.33542-1

PERMIT NO 25-33542-1

APPLICATION NO 6

COUNTY Somerset

25.32.486

- 1 OWNER Ortho Diagnostic Systems, Inc. ADDRESS Rte. #202 Raritan, NJ 08869
- Owner's Well No MW-7 SURFACE ELEVATION _____ Feet
(Above mean sea level)
- 2 LOCATION same
- 3 DATE COMPLETED May 26, 1989 DRILLER Samuel Stothoff Co., Inc.
- 4 DIAMETER Top 8 inches Bottom 8 inches TOTAL DEPTH 21 Feet
- 5 CASING Type PVC Diameter 4 Inches Length 5 Feet
- 6 SCREEN Type PVC Size of Opening 20 Diameter 4 Inches Length 18 Feet
- Range in Depth { Top 3 Feet
Bottom 21 Feet
- Geologic Formation _____
- Tail Piece Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
- Water rises to _____ Feet above surface
8. RECORD OF TEST Date May 26, 1989 Yield 0 Gallons per minute
- Static water level before pumping _____ Feet below surface
- Pumping level _____ feet below surface after _____ hours pumping
- Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
- How pumped _____ How measured _____
- Observed effect on nearby wells _____
- 9 PERMANENT PUMPING EQUIPMENT
- Type _____ Mfrs. Name _____
- Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
- Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
- Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
- 10 USED FOR Monitoring AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER
- Taste _____ Odor _____ Color _____ Temp. _____ OF.
- Sample: Yes _____ No _____
12. LOG 0'-7' soil, 7'-21' shale 20' E 23' Are samples available? _____
- (Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)*
13. SOURCE OF DATA Dennis Wene
14. DATA OBTAINED BY Samuel Stothoff Co., Inc. Date 5/26/89

(NOTE Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

11/89

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

PERMIT NO. 25-33543-0APPLICATION NO. 6COUNTY Somerset25.32.486WELL SEALED 11/15/89WELL RECORD 25-33543-0

1. OWNER Ortho Diagnostics Systems Inc. ADDRESS Rte. #202 Raritan, NJ 08869
Owner's Well No. MW-8 SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION same
3. DATE COMPLETED May 26, 1989 DRILLER Samuel Stothoff Co., Inc.
4. DIAMETER Top 8 inches Bottom 8 inches TOTAL DEPTH 21 Feet
5. CASING: Type PVC Diameter 4 inches Length 5 Feet
6. SCREEN: Type PVC Size of Opening _____ Diameter 4 inches Length 18 Feet
- Range in Depth: { Top 3 Feet
Bottom 22 Feet } Geologic Formation red shale
- Tail Piece: Diameter _____ inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST. Date May 26, 1989 Yield 0 Gallons per minute
Static water level before pumping 5 Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet: Specific Capacity _____ Gals. per min. per ft. of drawdown
How pumped _____ How measured _____
Observed effect on nearby wells _____
9. PERMANENT PUMPING EQUIPMENT
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches
10. USED FOR Monitoring AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ OF.
12. LOG 0'-5' soil, 5'-22' red shale 25.32.486 Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)
13. SOURCE OF DATA Dennis Wene
14. DATA OBTAINED BY Samuel Stothoff Co., Inc. Date 5/26/89

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

11/86

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

25.38 SAA-8
WELL RECORD

PERMIT NO. 25-33544-8

APPLICATION NO. E

COUNTY Somerset
25.32.486
Rte. #202 Raritan, NJ 08869

1. OWNER Ortho Diagnostics Systems, Inc. ADDRESS Rte. #202 Raritan, NJ 08869
Owner's Well No. MW-9 SURFACE ELEVATION _____ Feet
(Above mean sea level)

2. LOCATION same

3. DATE COMPLETED May 26, 1989 DRILLER Samuel Stothoff Co., Inc.

4. DIAMETER Top 8 inches Bottom 8 inches TOTAL DEPTH 23 Feet

5. CASING Type PVC Diameter 4 inches Length 5 Feet

6. SCREEN Type PVC Size of Opening 20 Diameter 4 inches Length 20 Feet

Range in Depth { Top 3 Feet
Bottom 23 Feet

Geologic Formation red shale

Tail Piece Diameter _____ inches Length _____ Feet

7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface
Water rises to _____ Feet above surface

8. RECORD OF TEST Date May 26, 1989 Yield 0 Gallons per minute

Static water level before pumping _____ Feet below surface

Pumping level _____ feet below surface after _____ hours pumping

Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown

How pumped _____ How measured 1

Observed effect on nearby wells _____

9. PERMANENT PUMPING EQUIPMENT

Type _____ Mrs. Name _____

Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____

Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet

Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches

10. USED FOR Monitoring

11. QUALITY OF WATER

Taste _____ Odor _____ Color _____ Temp. _____ of.

AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily

Sample: Yes _____ No _____

12. LOG 0'-5' soil, 5'-23' red shale 5 34
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.) Are samples available? _____

13. SOURCE OF DATA Dennis Wene

14. DATA OBTAINED BY Samuel Stothoff Co., Inc. Date 5/26/89

(NOTE Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

DWR-138 M
89



New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25-38814
Atlas Sheet Coordinates 25-32-486

OWNER IDENTIFICATION - Owner ORION DIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NY Zip Code 08869

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-24
County Somerset Municipality RARITAN BORO Lot No. 4 Block No. 31
Address Route 202

TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 6/7/91
Regulatory Program Requiring Well RCRA Case I.D. #
CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Dennis Moore Tele. # 1-201-709-3942

WELL CONSTRUCTION

Total depth drilled 30 ft.

Well finished to 30 ft.

Borehole diameter:

Top 10 in.

Bottom 6 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing
height (stick up) above land
surface — ft.

Was steel protective casing installed?
☐ Yes ☒ No

Static water level after drilling 23.64 ft.

Water level was measured using M-Scope

Well was developed for 2.5 hours at 1 gpm

Method of development Mechanically Surge, Submersible Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity — gpm

Pump type: —

Drilling Method Air Rotary

Drilling Fluid Air Type of Rig Reichelt 650

Name of Driller Dennis Moore

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None (D) C B A

N.J. License No. 0931

Name of Drilling Company SAMUEL STOTHOFF CO., INC.

I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable State rules and regulations.

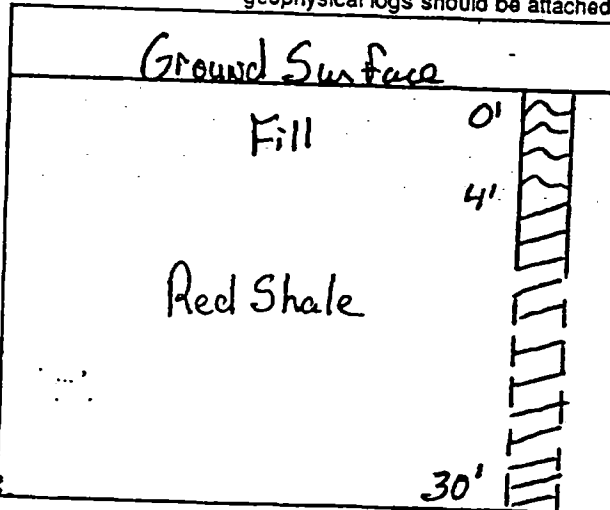
Driller's Signature Dennis Moore

Date 6/10/91

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	0	13	6	Type 304 Stainless Steel
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	0	13	—	Portland Cement
Method of Grouting	Pneum. Grout w/ Triax. Line			

GEOLOGIC LOG

(Copies of other geologic logs and/or geophysical logs should be attached.)





MONITORING WELL RECORD

Well Permit No. 25 - 38815
Atlas Sheet Coordinates 25 : 32 : 486OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NJ Zip Code 08869WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-25
County Somerset Municipality RARITAN BORO Lot No. 4 Block No. 31
Address Route 202TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 6/7/91
Regulatory Program Requiring Well BCRA Case I.D. #
CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Dennis Moore Tele. # 1-201-709-3942

WELL CONSTRUCTION

Total depth drilled 30 ft.Well finished to 30 ft.

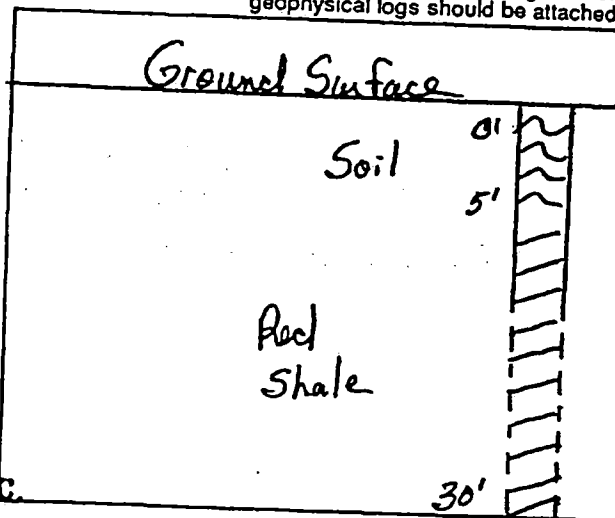
Borehole diameter:

Top 10 in.Bottom 6 in.Well was finished: ☐ above grade
☒ flush mountedIf finished above grade, casing
height (stick up) above land
surface — ft.Was steel protective casing installed?
☐ Yes ☒ NoStatic water level after drilling 18.66 ft.Water level was measured using M. ScopeWell was developed for 2.5 hours at 1.1 gpmMethod of development Rotary Surge / Submersible PumpWas permanent pumping equipment installed? ☐ Yes ☒ NoPump capacity — gpmPump type: —Drilling Method Air RotaryDrilling Fluid Air Type of Rig Archelid 650Name of Driller Dennis WeneHealth and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None D C B AN.J. License No. 0931Name of Drilling Company SAMUEL STOTHOFF CO., INC.I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
rules and regulations.Driller's Signature Dennis WeneDate 6/10/91

COPIES: White & Green - DEP Canary - Driller Pink - Owner Goldenrod - Health Dept.

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	0	13	6	Type 304 Stainless Steel
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	0	13	—	Portland Cement
Method of Grouting	Pressure Grout w/ Tricac Line			

GEOLOGIC LOG

(Copies of other geologic logs and/or
geophysical logs should be attached.)

DWR-138 M
6/89



New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25 - 38816
Atlas Sheet Coordinates 25 : 32 : 486

OWNER IDENTIFICATION - Owner CETRO DIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NJ Zip Code 08869

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-26
County Somerset Municipality RARITAN BORO Lot No. 4 Block No. 31
Address Route 202

TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 6/7/91
Regulatory Program Requiring Well RCRA Case I.D. # _____

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Dennis & Moore Tele. # 620-707-3442

WELL CONSTRUCTION

Total depth drilled 80 ft.

Well finished to 80 ft.

Borehole diameter:

Top 10 in.

Bottom 6 in.

Well was finished: ☐ above grade

☒ flush mounted

If finished above grade, casing
height (stick up) above land
surface — ft.

Was steel protective casing installed?

☐ Yes ☒ No

Static water level after drilling 55.09 ft.

Water level was measured using M-Scaper

Well was developed for 2.5 hours at 10 gpm

Method of development Mechanical Surge / Submersible Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Method Air Rotary

Drilling Fluid Air Type of Rig Bechtel 650

Name of Driller Dennis Howe

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None C B A

N.J. License No. 0931

Name of Drilling Company SAMUEL STOTHOFF CO., INC.

I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable State rules and regulations.

Driller's Signature Dennis Howe

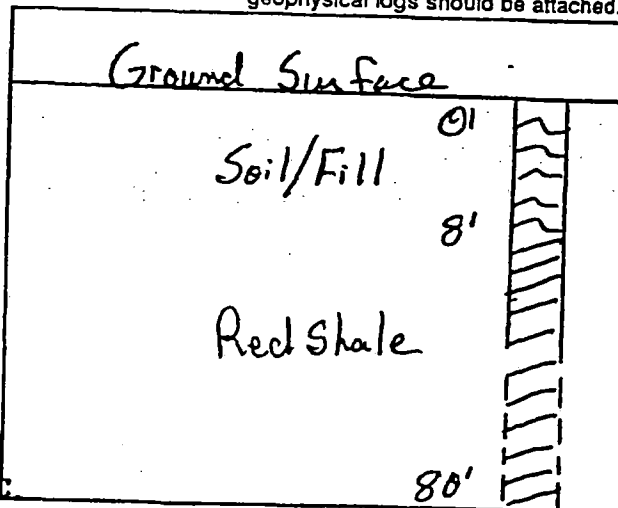
Date 6/10/91

COPIES: White & Green - DEP Green - Drill

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	0	55	6	Type 304 Stainless Steel
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	0	55	—	Portland Cement
Method of Grouting	Pressure Grout w/ Tremie Line			

GEOLOGIC LOG

(Copies of other geologic logs and/or geophysical logs should be attached.)



DWR-138 M
89

Let's protect our earth



New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25-38817
Atlas Sheet Coordinates 25-32-488

OWNER IDENTIFICATION - Owner ORTHODIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NJ Zip Code 08869

WELL LOCATION - If not the same as owner please give address.
County Somerset Municipality RARITAN BOBO Owner's Well No. MW-27
Address Route 202 Lot No. 4 Block No. 31

TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 6.7.91
Regulatory Program Requiring Well BCRA Case I.D. #
CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Dennis Moore Tele. # 1-201-709-3942

WELL CONSTRUCTION

Total depth drilled 30 ft.

Well finished to 30 ft.

Borehole diameter:

Top 10 in.

Bottom 6 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing
height (stick up) above land
surface — ft.

Was steel protective casing installed?
☐ Yes ☒ No

Static water level after drilling 6.82 ft.

Water level was measured using M-Scope

Well was developed for 2.5 hours at 6.1 gpm

Method of development Mechanically Pump / Submersible Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity — gpm

Pump type: —

Drilling Method Air Rotary

Drilling Fluid Air Type of Rig Perchill 650

Name of Driller Dennis Wene

Health and Safety Plan submitted? ☒ Yes ☐ No

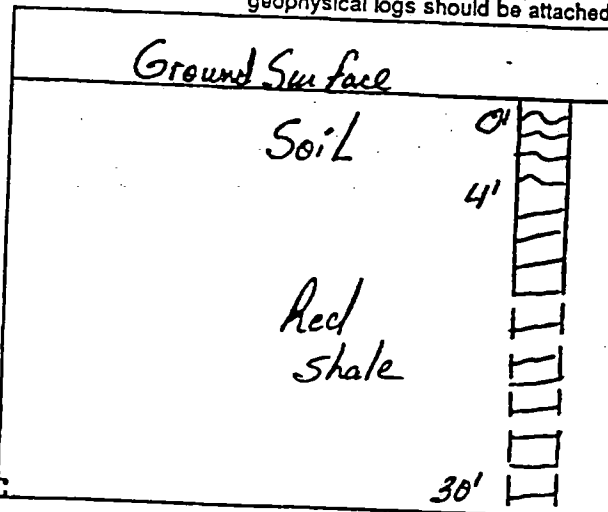
Level of Protection used on site (circle one) None (D) C B A

N.J. License No. 0931

Name of Drilling Company SAMUEL STOTHOFF CO., INC.

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	0	15	6	Type 304 Stainless Steel
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	0	15	—	Portland Cement
Method of Grouting	Pressure Grout w/ Trimmer Line			

GEOLOGIC LOG (Copies of other geologic logs and/or geophysical logs should be attached.)



I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable State rules and regulations.

Driller's Signature Dennis Wene

Date 6/10/91

DWR-138 M
6/89



New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. 25 - 38873
Atlas Sheet Coordinates 25 : 32 : 486

OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMS
Address ROUTE 202
City RARITAN State NJ Zip Code 08869

WELL LOCATION - If not the same as owner please give address.
County Somerset Municipality RARITAN BORO Owner's Well No. MW-28
Address Route 202 Lot No. 4 Block No. 31

TYPE OF WELL (as per Well Permit Categories) MONITORING
Regulatory Program Requiring Well RCRA Date well completed 6/7/91
CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Dennis Moore Case I.D. #
Tele. # 1-201-782-2116

WELL CONSTRUCTION

Total depth drilled 30 ft.

Well finished to 30 ft.

Borehole diameter:

Top 10 in.

Bottom 6 in.

was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing
height (stick up) above land
surface ft.

Was steel protective casing installed?
☐ Yes ☒ No

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	—	—	—	—
Outer Casing (Not Protective Casing)	<u>0</u>	<u>15</u>	<u>6</u>	<u>Type 304 Stainless Steel</u>
Screen (Note slot size)	—	—	—	—
Tail Piece	—	—	—	—
Gravel Pack	—	—	—	—
Annular Seal/Grout	<u>0</u>	<u>15</u>	—	<u>Portland Cement</u>
Method of Grouting	<u>Pressure Grout w/ Tremie Line</u>			

Static water level after drilling 10.56 ft.

Water level was measured using M-Scope

Well was developed for 215 hours at 4.7 gpm

Method of development Mechanically/Grout/Suction Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity gpm

Pump type:

Drilling Method Air Rotary

Drilling Fluid Air Type of Rig Reichelt 11650

Name of Driller Dennis Moore

Health and Safety Plan submitted? ☒ Yes ☐ No

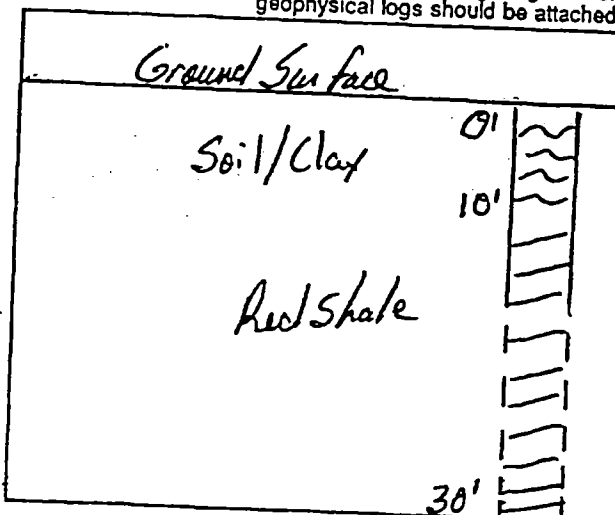
Level of Protection used on site (circle one) None (C) B A

N.J. License No. 0931

Name of Drilling Company SAMUEL STOTHOFF CO., INC.

GEOLOGIC LOG

(Copies of other geologic logs and/or geophysical logs should be attached.)



I that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable State rules and regulations.

Driller's Signature Dennis Moore

Date 6/10/91

COPIES: White & Green - DEP Canary - Driller Pink - Owner Goldenrod - Health Dept

Summit

DRILLING CO., INC.
ENVIRONMENTAL SPECIALISTS

Central Jersey Industrial Park
Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
Telephone: (908) 722-4266
Toll Free: (800) 242-6648
FAX: (908) 356-1009

WELL LOG

WELL: MW33

DATE DRILLED: 12/04/1995

COORD #1: 25.32.486

PERMIT #1: 25-48291

COORD #2:

PERMIT #2:

SITE: Ortho Diagnostic Systems,, 2001 Route 202 North,, Raritan, NJ 08869
OWNER: Ortho Diagnostic Systems,, 2001 Route 202 North,, Raritan, NJ 08869

COUNTY: Somerset

XSTREET:

USE: Monitoring

INNER CASING: PVC
DIAMETER: 4"
LENGTH: 11'

OUTER CASING:
DIAMETER:
LENGTH:

SCREEN TYPE 1: PVC
SCREEN TYPE 2:
DIAMETER: 4"
LENGTH 1: 20'
LENGTH 2:
SLOT SIZE: .020

DRILLING METHOD: Air Rotary
SAMPLING METHOD:
HOLE DIAMETER: 8"
TOTAL DEPTH: 31'

SET WELL: 31'
GRAVEL PK SZ: Morie #2
DRILLER: Jim Burton
SURFACE COMPLETION: M

GAL PER MIN:
STAT H2O LVL: 12'

DEVELOPMENT METHOD: Pump
DEVELOPMENT TIME: 1 Hour

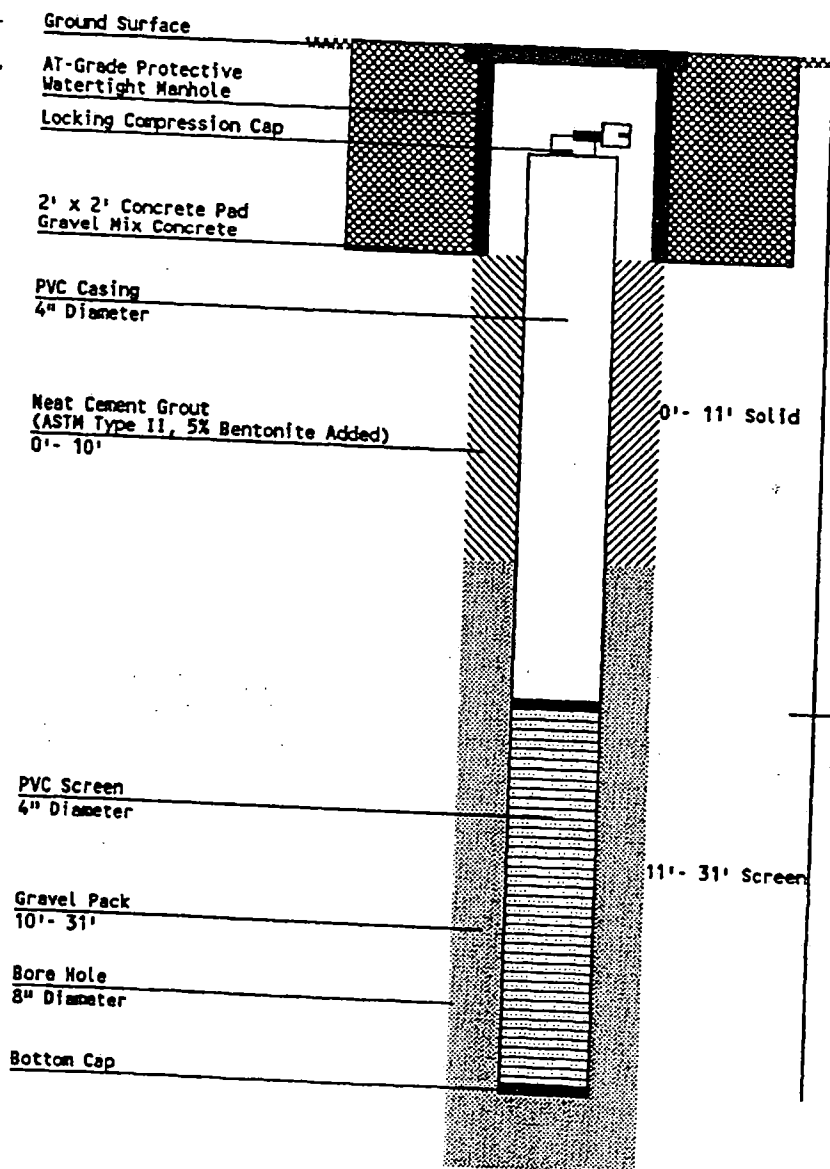
CASING SEAL: Portland
OPEN HOLE:

DEPTH BELOW
SURFACE
FROM - TO

BLOWS PER 6"
ON SAMPLER

REMARKS / SOILS IDENTIFICATION

0' - 9' Fill material.
9' - 31' Red shale.



MONITORING WELL RECORD

Well Permit No. 25 - 48455
Atlas Sheet Coordinates 25 : 32 : 486

OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMS
Address 2001 ROUTE 202 NORTH
City RARITAN State NJ Zip Code

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-33A
County SOMERSET Municipality RARITAN BORO Lot No. 031 Block No. 014
Address 2001 ROUTE 202 NORTH

TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 4/22/96
Regulatory Program Requiring Well UST Case I.D. #

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) McLaren/Hart Tele. # (908) 647-8111

WELL CONSTRUCTION

Total depth drilled 13 ft.

Well finished to 13 ft.

Borehole diameter:

Top 8 in.

Bottom 8 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing height (stick up) above land surface ft.

Was steel protective casing installed? ☐ Yes ☒ No

Static water level after drilling 5' ft.

Water level was measured using tape

Well was developed for 2 hours at 41 gpm

Method of development tailed

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity gpm

Pump type:

Drilling Method Air Rotary

Drilling Fluid NA type of Rig Mobile B-80

Name of Driller Donald Grahamer Jr.

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None (D) C B A

N.J. License No. 1620

Name of Drilling Company SUMMIT WELL DRILLING

GEOLOGIC LOG (Copies of other geologic logs and/or geophysical logs should be attached.)

Please See Attached

I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable State rules and regulations.

Driller's Signature Donald Grahamer Jr. Date 4-25-96

COPIES: White - DEP Canary - Driller Pink - Owner Goldenrod - Health Dept.

Summit

DRILLING CO., INC.

ENVIRONMENTAL SPECIALISTS

Central Jersey Industrial Park
Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
Telephone: (908) 722-4266
Toll Free: (800) 242-6648
FAX: (908) 356-1009

WELL LOG

WELL: MW33A DATE DRILLED: 4/22/1996 COORD #1: 25.32.486 PERMIT #1: 25-48455

SITE: Ortho Diagnostic Systems,, 2001 Route 202 North,, Raritan, NJ 08869
OWNER: Ortho Diagnostic Systems,, 2001 Route 202 North,, Raritan, NJ 08869

COUNTY: Somerset
XSTREET:
USE: Monitoring

INNER CASING: PVC
DIAMETER: 2"
LENGTH: 3'

OUTER CASING:
DIAMETER:
LENGTH:

SCREEN TYPE 1: PVC
SCREEN TYPE 2:
DIAMETER: 2"
LENGTH 1: 10'
LENGTH 2:
SLOT SIZE: .010

DRILLING METHOD: Air Rotary
SAMPLING METHOD: Cuttings
HOLE DIAMETER: 8"
TOTAL DEPTH: 13'

SET WELL: 13'
GRAVEL PK SZ: Morie #0
DRILLER: Don Grahamer, Jr
SURFACE COMPLETION: M

GAL PER MIN: SLOW RECHG
STAT H2O LVL: 5'
DEVELOPMENT METHOD: Pump
DEVELOPMENT TIME: 2 Hours

CASING SEAL: Portland
OPEN HOLE:

DEPTH BELOW SURFACE
FROM - TO

BLOWS PER 6"
ON SAMPLER

REMARKS / SOILS IDENTIFICATION

0' - 7'6" Red clay & rock fragments.
7'6" - 13' Red shale.

Ground Surface

AT-Grade Protective
Watertight Manhole

Locking Compression Cap

2' x 2' Concrete Pad
Gravel Mix Concrete

PVC Casing
2" Diameter

Neat Cement Grout
(ASTM Type II, 5% Bentonite Added)
0' - 2'

0' - 3' Solid

PVC Screen
2" Diameter

3' - 13' Screen

Gravel Pack
2' - 13'

Bore Hole
8" Diameter

Bottom Cap

h

DWR-138 M
12/91

New Jersey Department of Environmental Protection and Energy
Bureau of Water Allocation

MONITORING WELL RECORD

Well Permit No. 25 - 44365
Atlas Sheet Coordinates 25 : 32 : 487

OWNER IDENTIFICATION - Owner SOMERSET, COUNTY OF
Address P.O. BOX 3022
City SOMERVILLE State NJ Zip Code 08876

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-1
County SOMERSET Municipality RARITAN BORO Lot No. 1 Block No. 24
Address 614 First Avenue

TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 12/16/93
Regulatory Program Requiring Well UST Case I.D. # 92-12-23-1430
CONSULTING FIRM/FIELD SUPERVISOR (if applicable) _____ Tele. # _____

WELL CONSTRUCTION

Total depth drilled 12 ft.

Well finished to 11 ft.

Borehole diameter:

Top 12 in.

Bottom 12 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing
height (stick up) above land
surface _____ ft.

Was steel protective casing installed? ☒ Yes ☐ No

Static water level after drilling 2 ft.

Water level was measured using M-Scope

Well was developed for .5 hours at 2 gpm

Method of development Bailer/Pumping

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Method HSA

Drilling Fluid none Type of Rig Mobile B-57

Name of Driller Wellington Reeve

Health and Safety Plan submitted? ☐ Yes ☒ No

Level of Protection used on site (circle one) None D C B A

N.J. License No. J1455

Name of Drilling Company _____

JAMES C. ANDERSON ASSOC. INC.

I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable State rules and regulations.

Driller's Signature Wellington Reeve

Date 12-22-93

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	0	1	4	Sch. 40 PVC
Outer Casing (Not Protective Casing)				
Screen (Note slot size)	1	11	4	.010 PVC
Tail Piece				
Gravel Pack	.8'	12		# 1
Annular Seal/Grout	0	.8		Cement-Bentonite
Method of Grouting	Gravity Placement			

GEOLOGIC LOG (Copies of other geologic logs and/or geophysical logs should be attached.)

0-6" Asphalt
6"-1.5' Pen Gravel
1.5'-4' Clay - Brown
4'-11' Red-Brown silty clay
w/ shale pebbles & gravel
11'-12' Red Shale

25.32.487

FORM 87-10M

25.32.487

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

Permit No. 25-9635
Application No. _____
County _____

WELL RECORD

25-9635

1. OWNER Mrs. E. Perantoni ADDRESS R.O. 3 Somerville, N.J.
Owner's Well No. _____ SURFACE ELEVATION 100 Feet
(Above mean sea level)
2. LOCATION Bridgewater Twp. Somerset
3. DATE COMPLETED Oct 25, 1960 DRILLER Dinunzi Well Drilling Co.
4. DIAMETER: Top 6 Inches Bottom 6 Inches TOTAL DEPTH 147 Feet
5. CASING: Type steel Diameter 6 Inches Length 32 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
(Top _____ Feet Diameter _____ Inches Length _____ Feet)
Range (Bottom _____ Feet) Geologic Formation _____
- Tail piece. Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date Oct 25, 1960 Yield 15 Gallons per minute
Static water level before pumping 74 Feet below surface
Pumping level 90 feet below surface after 1 hours pumping
Drawdown 16 feet Specific Capacity 3 Gals. per min. per ft. of drawdown
How Pumped Air How measured Pa.
Observed effect on nearby wells None
9. PERMANENT PUMPING EQUIPMENT: Not installed by Driller
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Depth of Meter on Pump _____
10. USED FOR Residence AMOUNT Average 200 Gallons Daily
Maximum 500 Gallons Daily
11. QUALITY OF WATER Good Sample: Yes _____ No _____
Taste None Odor None Color None Temp. 51 or _____
12. LOG All Shale Are samples available No
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA Self
14. DATA OBTAINED BY Self Date Oct 25, 1960

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements etc.)

(287) Bridgewater Twp

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

WELL RECORD

25-32-488

Permit No. 25-11615

Application No. _____

County _____

25.32.488

25.11615

1. OWNER Hagon + Norman Inc ADDRESS R.D.4 Somerville, N.J.
Owner's Well No. _____ SURFACE ELEVATION 200 Feet
(Above mean sea level)
2. LOCATION Branchburg Twp Somerset
3. DATE COMPLETED Nov 1, 1963 DRILLER Dinuzzi Well Drilling Co
4. DIAMETER: top 6 inches Bottom 6 inches TOTAL DEPTH 128 Feet
5. CASING: Type Steel Diameter 6 inches Length 30 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ inches Length _____ Feet
- Range in Depth { Top _____ Feet
Bottom _____ Feet
- Geologic Formation Rb
- Tail piece: Diameter _____ inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date Nov 1, 1963 Yield 8 Gallons per minute
Static water level before pumping 96 Feet below surface
Pumping level 130 feet below surface after 1 hours pumping
Drawdown 34 Feet Specific Capacity 2 Gals. per min. per ft. of drawdown
How Pumped Air How measured Pal
- Observed effect on nearby wells None
9. PERMANENT PUMPING EQUIPMENT: Not installed by Driller
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footplace in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches
10. USED FOR Residence AMOUNT { Average 200 Gallons Daily
Maximum 500 Gallons Daily
11. QUALITY OF WATER Good Sample: Yes _____ No ✓
Taste None Odor None Color None Temp. 49 of
12. LOG All Shale Are samples available? No
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA Well
14. DATA OBTAINED BY Driller Date Nov 1, 1963

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements etc.)

25.32.4 88

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY
WELL RECORD

Permit No. 25-8972
Application No. _____
County _____

25.32.488
25.8972

1. OWNER Joseph Marshall ADDRESS R.D. 3 Somerville, N.J.
Owner's Well No. _____ SURFACE ELEVATION 90 Feet
(Above mean sea level)
2. LOCATION 74° 39' 0" 40° 34' 5"
3. DATE COMPLETED Oct 29, 1959 DRILLER Dinunzi Well Drilling Co
4. DIAMETER: top 6 Inches Bottom 6 Inches TOTAL DEPTH 167 Feet
5. CASING: Type steel Diameter 6 Inches Length 40 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range { Top _____ Feet Geologic Formation _____
Bottom _____ Feet
- Tail piece. Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date Oct 29, 1959 Yield 10 Gallons per minute
Static water level before pumping 74 Feet below surface
Pumping level 100 feet below surface after 1 hours pumping
Drawdown 26 Feet Specific Capacity 4 Gals. per min. per ft. of drawdown
How Pumped Air How measured P₁
Observed effect on nearby wells None
9. PERMANENT PUMPING EQUIPMENT:
Type Submersible Mfrs. Name Meyers
Capacity 7 G.P.M. How Driven Electric H.P. 1/2 R.P.M. 3750
Depth of Pump in well 150 Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Depth of Meter on Pump _____
10. USED FOR Residence AMOUNT Average 200 Gallons Daily
Maximum 500 Gallons Daily
11. QUALITY OF WATER Good Sample: Yes _____ No ✓
Taste None Odor None Color None Temp. 52 °F
12. LOG All Shale Are samples available No
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA Self
14. DATA OBTAINED BY Self Date Oct 29, 1959

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

25.32.489

DEPARTMENT OF ENVIRONMENTAL PROTECTION

25.32.489

25.21308

Permit No. 25-21308

Application No. _____

County _____

WELL RECORD

1. OWNER CON RAIL ADDRESS JOHNSON DRIVE
Owner's Well No. 1 SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION RAITAN
3. DATE COMPLETED 3-5-80 DRILLER LOUIS ONTEK DRILLING CO.
4. DIAMETER: top 3 inches Bottom 3 inches TOTAL DEPTH 22 Feet
5. CASING: Type PVC Diameter 3 inches Length 2' Feet
6. SCREEN: Type PVC Size of Opening 20 Diameter 3 inches Length 20 Feet
Range in Depth { Top _____ Feet
Bottom _____ Feet
Geologic Formation RED. SILT CLAY
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date _____ Yield _____ Gallons per minute
Static water level before pumping 20' 1" Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How Pumped _____ How measured _____
Observed effect on nearby wells _____
9. PERMANENT PUMPING EQUIPMENT:
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footplate in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches
10. USED FOR _____ AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor None Color Clear Temp. _____ °F
LOG _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy) Are samples available? None
13. SOURCE OF DATA RAIL
14. DATA OBTAINED BY LOUIS ONTEK Date _____

P# 25-21308

PROJECT <u>Con-Rail</u> <u>Coastal Services Inc.</u> <u>Raritan, N.J.</u> <u>lot 1 blk.61</u>	Diamond Drilling Co. Inc. R. D. 3, BOX 365 JACKSON, N. J. 08527 BORING LOG	SHEET <u>1</u> OF <u>1</u> Job No. <u>7007</u> BORING NO. <u>W-1</u> LINE & STA. _____ OFFSET _____
--	--	---

Coord: **25.32.489**
 25.21308

DATE, START: _____ GROUND ELEVATION _____
 DATE, FINISH: 3/5/80 GROUND WATER ELEV. 20'1"

CASING O.D. _____ I.D. _____ SAMPLER O.D. _____ I.D. _____ COUPLING O.D. _____ I.D. _____	WEIGHT OF HAMMER _____ LBS. INSIDE LENGTH OF SAMPLER _____ IN.	CASING _____ LBS. SAMPLER _____ LBS. HAMMER FALL ON _____ CASING _____ SAMPLER _____
---	---	---

DEPTH BELOW SUR- FACE	CASING BLOWS PER FOOT	SAMPLE NO. DEPTH ELEV. FT.	BLOWS PER 6" SAMPLER					DENSITY ON CONST. MOISTURE	PROFILE CHARGE DEPTH ELEV.	IDENTIFICATION OF SOILS REMARKS
			0-6"	6-12"	12-18"	18-24"	24-30"			
0										
									2'	Cinders, Gravel, Sand, Silt
										Red- silt tr. clay.
10									17'	
									20'	Decomposed shale.
20									23'	Weathered shale.
										Dry.
30										
40										

20' well screen
 3" PVC
 Diamond
 3-4" L sampler Installed

Soils Engineer: _____ Driller: Lon Ortek
 Drilling Inspector: _____ Helper: _____

VISUAL IDENTIFICATION TERMS USED					
Clayey SILT SILT & CLAY CLAY & SILT Silty CLAY CLAY	Clayey Soils slight PI low PI medium PI high PI very high PI	At Ball Moisture Thread 1/4" Thread 1/8" Thread 1/16" Thread 1/32" Thread 1/64"	Relative Density (D_R) of granular soils loose (L) 0 - 40% medium compact (MC) 40 - 70% compact (C) 70 - 90% very compact	Consistency of Clayey soils soft (S) firm (F) med. hard (MH) hard (H)	0.1 - 0.5 tsf 0.5 - 1.0 tsf 1.0 - 2.0 tsf 2.0 - 4.0 tsf

25.32.489

DEPARTMENT OF ENVIRONMENTAL PROTECTION

25.32.489
25.21309
WELL RECORDPermit No. 25-21309
Application No. _____
County _____

1. OWNER CON PAIR ADDRESS JOHNSON DA.
Owner's Well No. 2 SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION BAITON MS
3. DATE COMPLETED 3-5-80 DRILLER LOUIS ONTEK DRILLING CO INC
4. DIAMETER: top 3 inches Bottom 3 inches TOTAL DEPTH 24 Feet
5. CASING: Type PVC Diameter 3 inches Length 4 Feet
6. SCREEN: Type PVC Size of Opening 2s Diameter 3 inches Length 20 Feet
Range in Depth { Top _____ Feet
Bottom _____ Feet
Geologic Formation SILT - CLAY, GABRIEL SHALE
- Tail piece Diameter _____ inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date _____ Yield _____ Gallons per minute
Static water level before pumping 11'4" Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How Pumped _____ How measured TIME
Observed effect on nearby wells _____
9. PERMANENT PUMPING EQUIPMENT:
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footplace in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR OBSERVATION AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor oil Color clear Temp. _____ °F
12. LOG _____ Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA DRAILERS
14. DATA OBTAINED BY LOUIS ONTEK Date 3-5-80

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

Consistency of Clayey soils		
soft	(S)	0.1 - 0.5 tsf
firm	(F)	0.5 - 1.0 tsf
med. hard	(MH)	1.0 - 2.0 tsf
hard	(H)	2.0 - 4.0 tsf
very hard	(VH)	over 4.0 tsf

25.32.489

Form 87

DEPARTMENT OF ENVIRONMENTAL PROTECTION

25.32.489

25.21310

Permit No. 25-21310

Application No. _____

County _____

WELL RECORD

1. OWNER CONRAIL ADDRESS JOHANSON DRIVE
Owner's Well No. 3 SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION RAITON, NJ.
3. DATE COMPLETED _____ DRILLER LOUIS ONTEK DIAMOND DRILLING CORP.
4. DIAMETER: top 3 inches Bottom 3 inches TOTAL DEPTH 22 Feet
5. CASING: Type PVC Diameter 3 inches Length 2 Feet
6. SCREEN: Type PVC Size of Opening 20 Diameter 3 inches Length 20 Feet
Range in Depth { Top _____ Feet
Bottom _____ Feet
Geologic Formation SST CLAY, SHALE, GRAVEL
Tail piece Diameter _____ inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date _____ Yield _____ Gallons per minute
Static water level before pumping 14' 10" Feet below surface
Pumping level _____ feet below surface after _____ hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How Pumped _____ How measured TAPE
Observed effect on nearby wells _____
9. PERMANENT PUMPING EQUIPMENT:
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches
10. USED FOR OBSERVATION AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes ☒ No. ☒
Taste _____ Odor none Color clear Temp. _____ of
12. LOG _____ Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA DRILLER
14. DATA OBTAINED BY LOUIS ONTEK Date 3-5-80

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements etc.)

VISUAL IDENTIFICATION TERMS USED			Relative Density (D _r) of granular soils	Consistency of Clayey soils
Clayey SILT	Clayey Soils	At Ball Moisture	loose (L) 0 - 40%	soft (S) 0.1 - 0.5 tst
SILT & CLAY	slight PI	Thread 1/4"	medium compact (MC) 40 - 70%	firm (F) 0.5 - 1.0 tst
CLAY & SILT	low PI	Thread 1/8"	compact (C) 70 - 90%	med. hard (MH) 1.0 - 2.0 tst
Silty CLAY	medium PI	Thread 1/16"		hard (H) 2.0 - 4.0 tst
	high PI	Thread 1/32"		very hard (VH) over 4.0 tst
	very high PI	Thread 1/64"		

FORM 87-104

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

WELL RECORD

Permit No. 25-9459

Application No. _____

County _____

25-32-49125.9459

1. OWNER Angelo Caruso ADDRESS Raritan, N.J.
Owner's Well No. _____ SURFACE ELEVATION 120 Feet
(Above mean sea level)
2. LOCATION Raritan Somerset
3. DATE COMPLETED July 25, 1960 DRILLER Dinunzi Well Drilling Co
4. DIAMETER: top 6 inches Bottom 6 inches TOTAL DEPTH 167 Feet
5. CASING: Type Steel Diameter 6 inches Length 32 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ inches Length _____ Feet
Range { Top _____ Feet Geologic Formation _____
Bottom _____ Feet
- Tail piece. Diameter _____ inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date July 25, 1960 Yield 10 Gallons per minute
Static water level before pumping 70 Feet below surface
Pumping level 90 feet below surface after 1 hours pumping
Drawdown 20 Feet Specific Capacity 3 Gals. per min. per ft. of drawdown
How Pumped Air How measured Pail
Observed effect on nearby wells None
9. PERMANENT PUMPING EQUIPMENT: Not installed by Driller
Type _____ Mfrs. Name _____
Capacity _____ G.P.H. How Driven _____ H.P. _____ R.P.H. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Depth of Meter on Pump _____
10. USED FOR Residence AMOUNT Average 200 Gallons Daily
Maximum 500 Gallons Daily
11. QUALITY OF WATER Good Sample: Yes _____ No ✓
Taste None Odor None Color None Temp. 51 °F
12. LOG All Shale Are samples available No
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA Self
14. DATA OBTAINED BY Self Date July 25, 1960

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements etc.)

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES

Coord: 2532491

PERMIT NO. 2524607

APPLICATION NO. _____

Somerset

COUNTY _____

25.32.491

WELL RECORD

25.24607

1. OWNER HEAGNEY, MICHAEL ADDRESS 97 FIRST AVE.

Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)

2. LOCATION Lot: 10 Block: 33 Municipality: Raritan Boro

3. DATE COMPLETED March 29, 1985 DRILLER Somerville Well Drilling Co.

4. DIAMETER: Top 10" inches Bottom 6" inches TOTAL DEPTH 125' Feet

5. CASING: Type Drive Diameter 6" Inches Length 52' Feet

6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet

Range in Depth { Top _____ Feet
Bottom _____ Feet

Geologic Formation _____

Tail Piece: Diameter _____ Inches Length _____ Feet

7. WELL FLOWS NATURALLY _____ Gallons per minute at _____ Feet above surface

Water rises to _____ Feet above surface

8. RECORD OF TEST: Date March 29, 1985 Yield 12 Gallons per minute

Static water level before pumping 30' Feet below surface

Pumping level 100' feet below surface after 8 hours pumping

Drawdown 70' Feet Specific Capacity 2 Gals. per min. per ft. of drawdown

How pumped Air How measured Weir

Observed effect on nearby wells none

9. PERMANENT PUMPING EQUIPMENT:

Type _____ Mfrs. Name _____

Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____

Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet

Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches

10. USED FOR Domestic AMOUNT { Average _____ Gallons Daily

Maximum _____ Gallons Daily

11. QUALITY OF WATER good Sample: Yes _____ No ☒

Taste none Odor none Color clear Temp. _____ °F.

12. LOG 20'-20' overburden 20-125 shale Are samples available? No
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy.)

13. SOURCE OF DATA Somerville Well Drilling Co. Inc.

14. DATA OBTAINED BY Same Date March 29, 1985

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements, etc.)

DWR-138'M
11/96

New Jersey Department of Environmental Protection
Bureau of Water Allocation
MONITORING WELL RECORD

Well Permit No. 25 52854

Atlas Sheet Coordinates 25 32 491

OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMS

Address 1001 ROUTE 202 N

City RARITAN

State NJ

Zip Code

WELL LOCATION - If not the same as owner please give address. Owner's Well No. B8

County SOMERSET

Municipality RARITAN BORO

Lot No. 14

Block No. 31

Address 1001 ROUTE 202 N

DATE WELL STARTED 8/11/98

DATE WELL COMPLETED 8/11/98

TYPE OF WELL (as per Well Permit Categories) BORING

Regulatory Program Requiring Well

Case I.D.#

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) McLaren Hart Curves Tele. #

WELL CONSTRUCTION

Total depth drilled 30 ft.

Well finished to 30 ft.

Borehole diameter:

Top 6 in.

Bottom 6 in.

Well was finished: ☐ above grade
☐ flush mounted

If finished above grade, casing height (stick up) above land surface ft.

Was steel protective casing installed?

☐ Yes ☒ No

Static water level after drilling not taken

Water level was measured using

Well was developed for not dev. hours
at gpm

Method of development

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity gpm

Pump type:

Drilling Fluid Type of Rig B-80

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None (D) C B A

I certify that I have constructed the above referenced well in
accordance with all well permit requirements and applicable
State rules and regulations.

Drilling Company SUMMIT WELL DRILLING CO INC

Well Driller (Print) Steve Yotcoski

Driller's Signature Steve Yotcoski

Registration No. J1622 Date 9/3/98

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing					
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)					
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack					
Grout					
				Neat Cement Bentonite	<u>470</u> lbs. <u>25</u> lbs.

Grouting Method Tremie

Drilling Method Air Rotary

GEOLOGIC LOG

Note each depth where water was encountered in consolidated formations

Blanket Boring Permit

1 to 30'

See Attached

MONITORING WELL RECORD

Well Permit No. 25 - 54995

Atlas Sheet Coordinates 25 : 32 491

OWNER IDENTIFICATION - Owner ORTHO CLINICAL DIAGNOSTIC

Address 1001 ROUTE 202 N

City RARITAN

State

NJ

Zip Code

WELL LOCATION - If not the same as owner please give address.

Owner's Well No. 25

County SOMERSET

Municipality RARITAN BORO

Lot No. 14

Block No. 31

Address 1001 ROUTE 202 N

DATE WELL STARTED 9/ 3/ 99

DATE WELL COMPLETED 9/ 3/ 99

TYPE OF WELL (as per Well Permit Categories)

INJECTION

Regulatory Program Requiring Well

OWNER INVESTIGATION

Case I.D.#

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) McLaren Hart Environmental Engineering, Inc. #

WELL CONSTRUCTION

Total depth drilled 45' ft.

Well finished to 45' ft.

Borehole diameter:

Top 8" in.

Bottom 4" in.

Well was finished: ☐ above grade
☒ flush mountedIf finished above grade, casing height (stick
above land surface) ft.

steel protective casing installed?

☐ Yes ☒ No

Static water level after drilling 15' ft.

Water level was measured using Tape

Well was developed for 1/2 Hour hours
at 1/2 gpm

Method of development Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity gpm

Pump type:

Drilling Fluid Type of Rig B-80

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None (b) C B A

I certify that I have constructed the above referenced well in
accordance with all well permit requirements and applicable
State rules and regulations.

Drilling Company SUMMIT WELL DRILLING CO INC

Well Driller (Print) Steve Yotcoski

Driller's Signature Steve Yotcoski

Registration No. J1622 Date 9 / 14 / 99

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	0'	17'	4"	Steel	19 lbs
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	17'	45'		Open Hole	
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack					
Grout	0'	17'		Neat Cement Bentonite	47(1) lbs. 25 lbs.

Grouting Method Tremie

Drilling Method Air Rotary

GEOLOGIC LOG

Note each depth where water was encountered in consolidated
formations.

See Attached



ENVIRONMENTAL SPECIALISTS

Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
Telephone: (908) 722-4266
Toll Free: (800) 242-6648
FAX: (732) 356-1009
http://www.summitdrilling.com
email: info@summitdrilling.com

WELL LOG

WELL: IW1 DATE DRILLED: 09/03/1999 COORD #1: 25.32.491 PERMIT #1: 25-54995
COORD #2: PERMIT #2:
SITE: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869
OWNER: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869
COUNTY: Somerset
XSTREET:
USE: Injection

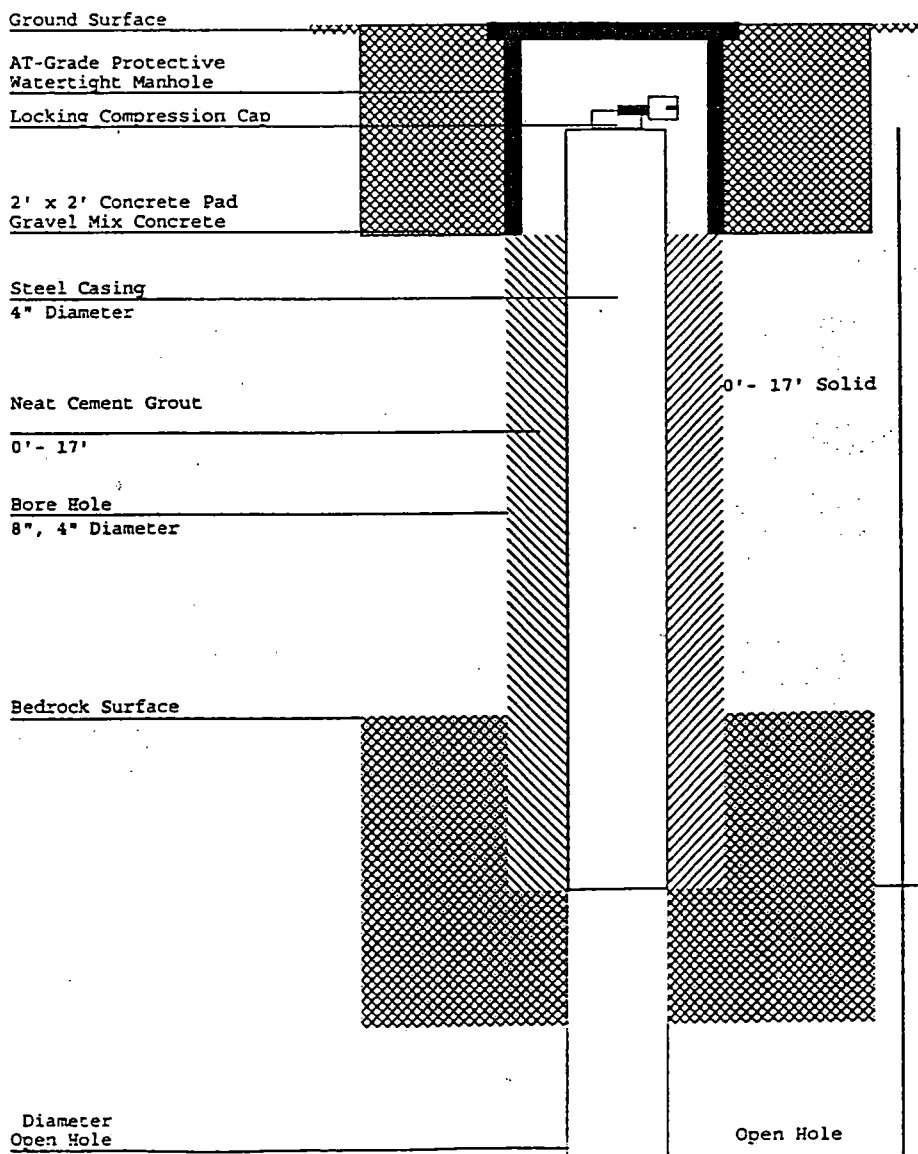
INNER CASING: Steel OUTER CASING: SCREEN TYPE 1: Open Hole DRILLING METHOD: Air Rotary
DIAMETER: 4" DIAMETER: SCREEN TYPE 2:
LENGTH: 17' LENGTH: DIAMETER: SAMPLING METHOD:
HOLE DIA: 8", 4"
TOTAL DEPTH: 45'

SET WELL: 45' GAL PER MIN: 1/2 LENGTH 1:
GRAVEL PK SZ: STAT H2O LVL: 15' LENGTH 2:
DRILLER: Steve Yotcoski DEVELOPMENT METHOD: Pump CASING SEAL: Portland
SURFACE COMPLETION: M DEVELOPMENT TIME: 1/2 Hour OPEN HOLE:

DEPTH BELOW SURFACE
FROM - TO

REMARKS / SOILS IDENTIFICATION

0'- 2' Grass & top soil.
2'- 8' Red-brown silty clay trace gravel.
8'- 45' Red shale.



**MONITORING WELL RECORD**

118

Well Permit No. 25 - 54998Atlas Sheet Coordinates 25 32 491OWNER IDENTIFICATION - Owner ORTHO CLINICAL DIAGNOSTICAddress 1001 ROUTE 202 NCity RARITANState NJ

Zip Code _____

WELL LOCATION - If not the same as owner please give address _____

Owner's Well No. 11ACounty SOMERSETMunicipality RARITAN BOROLot No. 14Block No. 31Address 1001 ROUTE 202 NDATE WELL STARTED 9/ 3 / 99DATE WELL COMPLETED 9/ 3 / 99TYPE OF WELL (as per Well Permit Categories) INJECTIONRegulatory Program Requiring Well OWNER INVESTIGATION Case I.D.# _____CONSULTING FIRM/FIELD SUPERVISOR (if applicable) McLaren Hart Environmental Engineering C Tele. # _____**WELL CONSTRUCTION**Total depth drilled 30' ft.Well finished to 30' ft.

Borehole diameter:

Top 8" in.Bottom 4" in.Well was finished: ☐ above grade
☒ flush mountedIf finished above grade, casing height (stick
above land surface _____ ft.

Was steel protective casing installed?

☐ Yes ☒ NoStatic water level after drilling 10' ft.Water level was measured using TapeWell was developed for 1/2 Hour hours
at 112 gpmMethod of development PumpWas permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Fluid _____ Type of Rig B-80Health and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None (b) C B A

*I certify that I have constructed the above referenced well in
accordance with all well permit requirements and applicable
State rules and regulations.*

Drilling Company SUMMIT WELL DRILLING CO INCWell Driller (Print) Steve YotcoskiDriller's Signature Steve YotcoskiRegistration No. J1622 Date 9 / 14 / 99

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	0'	12'	4"	Steel	19 lbs
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	12'	30'		Open Hole	
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack					
Grout	0'	12'		Neat Cement Bentonite	470 lbs. 25 lbs.

Grouting Method tremie
Drilling Method Air Rotary**GEOLOGIC LOG**Note each depth where water was encountered in consolidated
formations.See Attached

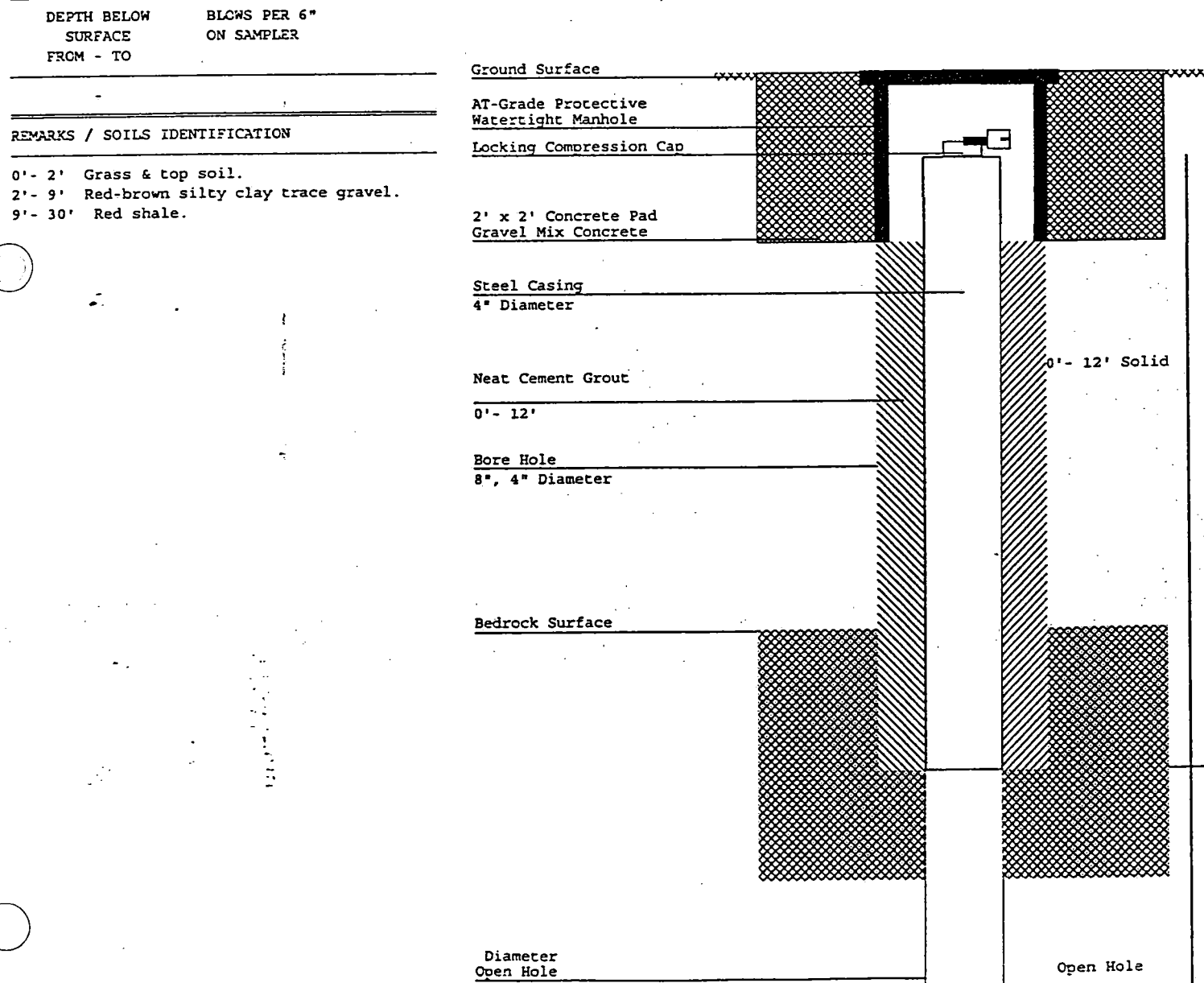


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Toll Free: (800) 242-6648
FAX: (732) 356-1009
http://www.summitdrilling.com
email: info@summitdrilling.com

WELL LOG

WELL: IW4 DATE DRILLED: 09/03/1999 COORD #1: 25.32.491 PERMIT #1: 25-54998
COORD #2: PERMIT #2: COUNTY: Somerset
SITE: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869 XSTREET:
OWNER: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869 USE: Injection

INNER CASING: Steel OUTER CASING: SCREEN TYPE 1: Open Hole DRILLING METHOD: Air Rotary
DIAMETER: 4" DIAMETER: SCREEN TYPE 2: SAMPLING METHOD:
LENGTH: 12' LENGTH: DIAMETER: HOLE DIA: 8", 4"
SET WELL: 30' GAL PER MIN: 1/2 LENGTH 1: TOTAL DEPTH: 30'
GRAVEL PK SZ: STAT H2O LVL: 10' LENGTH 2:
DRILLER: Steve Yotcoski DEVELOPMENT METHOD: Pump CASING SEAL: Portland
SURFACE COMPLETION: M DEVELOPMENT TIME: 1/2 Hour OPEN HOLE:





New Jersey Department of Environmental Protection

Bureau of Water Allocation

MONITORING WELL RECORD

Well Permit No. 25 - 54999

Atlas Sheet Coordinates 25 : 32 491

OWNER IDENTIFICATION - Owner ORTHO CLINICAL DIAGNOSTIC

Address 1001 ROUTE 202 N

City RARITAN

State NJ

Zip Code

WELL LOCATION - If not the same as owner please give address.

Owner's Well No. 105 T1B

County SOMERSET

Municipality RARITAN BORO

Lot No. 14

Block No. 31

Address 1001 ROUTE 202 N

DATE WELL STARTED 9/ 3/ 99

DATE WELL COMPLETED 9/ 3/ 99

TYPE OF WELL (as per Well Permit Categories)

INJECTION

Regulatory Program Requiring Well

OWNER INVESTIGATION

Case I.D.#

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) McLaren Hart Environmental Engineering, Inc. #

WELL CONSTRUCTION

Total depth drilled 30' ft.

Well finished to 30' ft.

Borehole diameter:

Top 8" in.

Bottom 4" in.

Well was finished: ☐ above grade

☒ flush mounted

If finished above grade, casing height (stick above land surface) ft.

Was steel protective casing installed?

☐ Yes ☒ No

Static water level after drilling 10' ft.

Water level was measured using Tape

Well was developed for 1/2 Hour hours

at 1/2 gpm

Method of development Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity gpm

Pump type:

Drilling Fluid Type of Rig B-80

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None (D) C B A

I certify that I have constructed the above referenced well in accordance with all well permit requirements and applicable State rules and regulations.

Drilling Company SUMMIT WELL DRILLING CO INC

Well Driller (Print) Steve Yotcoski

Driller's Signature Steve Yotcoski

Registration No. J1622 Date 9 / 14 / 99

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	0'	12'	4"	Steel	19 lbs
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	12'	30'		Open Hole	
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack					
Grout	0'	12'		Neat Cement Bentonite	470 lbs. 25 lbs.

Grouting Method tremie

Drilling Method Air Rotary

GEOLOGIC LOG

Note each depth where water was encountered in consolidated formations.

See Attached



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email: info@summitdrilling.com

WELL LOG

WELL: IWS DATE DRILLED: 09/03/1999 COORD #1: 25.32.491 PERMIT #1: 25-54999
COORD #2: PERMIT #2: COUNTY: Somerset
SITE: Ortho Diagnostic Systems,, 1001 Route 202 North,, Raritan, NJ 08869 XSTREET:
OWNER: Ortho Diagnostic Systems,, 1001 Route 202 North,, Raritan, NJ 08869 USE: Injection

INNER CASING: Steel OUTER CASING: SCREEN TYPE 1: Open Hole DRILLING METHOD: Air Rotary
DIAMETER: 4" DIAMETER: SCREEN TYPE 2: SAMPLING METHOD:
LENGTH: 12' LENGTH: DIAMETER: HOLE DIA: 8", 4"
SET WELL: 30' GAL PER MIN: 1/2 LENGTH 1: TOTAL DEPTH: 30'
GRAVEL PK SZ: STAT H2O LVL: 10' LENGTH 2: SLOT SIZE:
DRILLER: Steve Yotcoski DEVELOPMENT METHOD: Pump CASING SEAL: Portland
SURFACE COMPLETION: M DEVELOPMENT TIME: 1/2 Hour OPEN HOLE:

DEPTH BELOW BLOWS PER 6"
SURFACE ON SAMPLER
FROM - TO

REMARKS / SOILS IDENTIFICATION

0'- 2' Grass & top soil.
2'- 9' Red-brown silty clay trace gravel.
9'- 30' Red shale.

Ground Surface

AT-Grade Protective
Watertight Manhole

Locking Compression Cap

2' x 2' Concrete Pad
Gravel Mix Concrete

Steel Casing
4" Diameter

Neat Cement Grout
0'- 12'

Bore Hole
8", 4" Diameter

Bedrock Surface

0'- 12' Solid

Diameter
Open Hole

Open Hole

**MONITORING WELL RECORD**Well Permit No. 25 - 54997Atlas Sheet Coordinates 25 : 32 491OWNER IDENTIFICATION - Owner ORTHO CLINICAL DIAGNOSTICAddress 1001 ROUTE 202 NCity RARITANState NJZip Code WELL LOCATION - If not the same as owner please give address. Owner's Well No. W3 12County SOMERSETMunicipality RARITAN BOROLot No. 14Block No. 31Address 1001 ROUTE 202 NDATE WELL STARTED 9/ 3/ 99DATE WELL COMPLETED 9/ 3/ 99TYPE OF WELL (as per Well Permit Categories) INJECTIONRegulatory Program Requiring Well OWNER INVESTIGATIONCase I.D.# CONSULTING FIRM/FIELD SUPERVISOR (if applicable) McLaren Hart Environmental Engineering # 6**WELL CONSTRUCTION**Total depth drilled 43' ft.Well finished to 43' ft.

Borehole diameter:

Top 8" in.Bottom 4" in.Well was finished: ☐ above grade☒ flush mounted

If finished above grade, casing height (stick

above land surface ft.

Was steel protective casing installed?

☐ Yes ☒ NoStatic water level after drilling 10' ft.Water level was measured using TapeWell was developed for 1/2 Hour hoursat 1/2 gpmMethod of development PumpWas permanent pumping equipment installed? ☐ Yes ☒ NoPump capacity gpmPump type: Drilling Fluid Type of Rig B-80Health and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None (D) C B A

I certify that I have constructed the above referenced well in
accordance with all well permit requirements and applicable
State rules and regulations.

Drilling Company SUMMIT WELL DRILLING CO INCWell Driller (Print) Steve YotcoskiDriller's Signature Steve YotcoskiRegistration No. J1622Date 9 / 14 / 99

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	0'	12'	4"	Steel	19 lbs
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	12'	43'		Open Hole	
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack					
Grout	0'	12'		Neat Cement Bentonite	470 lbs. 25 lbs.

Grouting Method TremieDrilling Method Air Rotary**GEOLOGIC LOG**Note each depth where water was encountered in consolidated
formations.See Attached



Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
Telephone: (908) 722-4266
Toll Free: (800) 242-6648
FAX: (732) 356-1005
http://www.summitdrilling.com
email: info@summitdrilling.com

WELL LOG

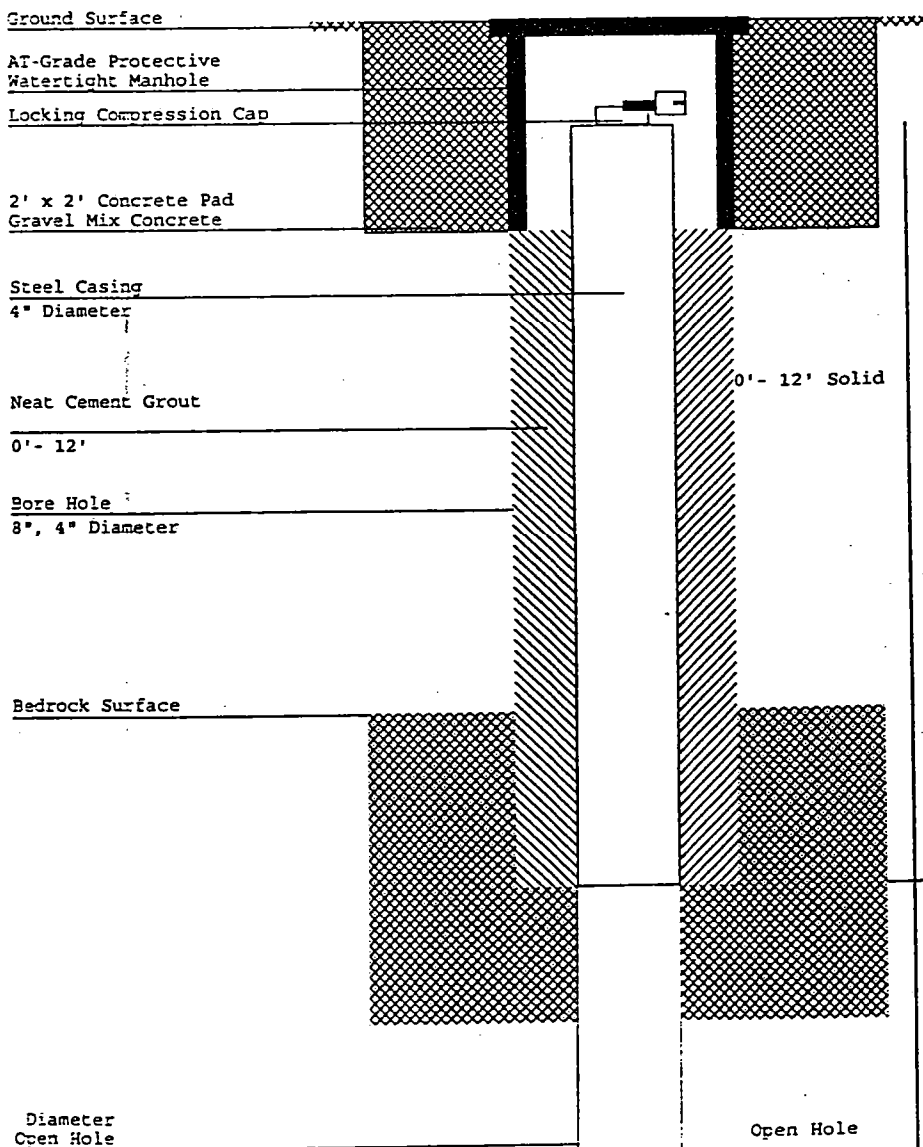
WELL: IW3 DATE DRILLED: 09/03/1999 COORD #1: 25.32.491 PERMIT #1: 25-54997
COORD #2: PERMIT #2: COUNTY: Somerset
SITE: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869 XSTREET:
OWNER: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869 USE: Injection

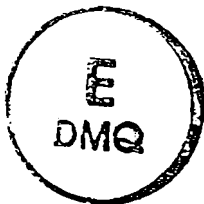
INNER CASING: Steel OUTER CASING: SCREEN TYPE 1: Open Hole DRILLING METHOD: Air Rotary
DIAMETER: 4" DIAMETER: SCREEN TYPE 2: SAMPLING METHOD:
LENGTH: 12' LENGTH: DIAMETER: HOLE DIA: 8", 4"
SET WELL: 43' GAL PER MIN: 1/2 LENGTH 1: TOTAL DEPTH: 43'
GRAVEL PK SZ: STAT H2O LVL: 10' LENGTH 2:
DRILLER: Steve Yotcoski DEVELOPMENT METHOD: Pump CASING SEAL: Portland
SURFACE COMPLETION: M DEVELOPMENT TIME: 1/2 Hour OPEN HOLE:

DEPTH BELOW BLOWS PER 6"
SURFACE ON SAMPLER
FROM - TO

REMARKS / SOILS IDENTIFICATION

0'- 2' Grass & top soil.
2'- 9' Red-brown silty clay trace gravel.
9'- 43' Red shale.



New Jersey Department of Environmental Protection
Bureau of Water Allocation
MONITORING WELL RECORD

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Well Permit No. 25 - 54996

Atlas Sheet Coordinates 25 : 32 491

OWNER IDENTIFICATION - Owner ORTHO CLINICAL DIAGNOSTIC

Address 1001 ROUTE 202 N

City RARITAN

State NJ

Zip Code

WELL LOCATION - If not the same as owner please give address. Owner's Well No. 12 13
County SOMERSET Municipality RARITAN BORO Lot No. 14 Block No. 31
Address 1001 ROUTE 202 N

DATE WELL STARTED 9/ 3/ 99

DATE WELL COMPLETED 9/ 3/ 99

TYPE OF WELL (as per Well Permit Categories) INJECTION
Regulatory Program Requiring Well OWNER INVESTIGATION

Case I.D.#

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) McLaren Hart Environmental Engineering, Inc. #

WELL CONSTRUCTION

Total depth drilled 33' ft.
Well finished to 33' ft.

Borehole diameter:

Top 8" in.

Bottom 4" in.

Well was finished: ☐ above grade
☒ flush mountedIf finished above grade, casing height (stick
above land surface ft.

Is steel protective casing installed?

☐ Yes ☒ No

Static water level after drilling 10' ft.

Water level was measured using Tape

Well was developed for 1/2 Hour hours
at 1/2 gpm

Method of development Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity gpm

Pump type:

Drilling Fluid Type of Rig B-80

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None (D) C B A

*I certify that I have constructed the above referenced well in
accordance with all well permit requirements and applicable
State rules and regulations.*

Drilling Company SUMMIT WELL DRILLING CO INC

Well Driller (Print) Steve Yotcoski

Driller's Signature *Steve Yotcoski*

Registration No. J1622 Date 9 / 14 / 99

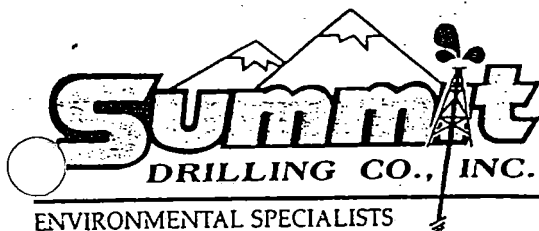
Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	0'	12'	4"	Steel	19 lbs
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	12'	33'		Open Hole	
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack					
Grout	0'	12'		Neat Cement Bentonite	470 lbs. 25 lbs.

Grouting Method Tremie
Drilling Method Air Rotary

GEOLOGIC LOG

Note each depth where water was encountered in consolidated
formations.

See Attached



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http://www.summitdrilling.com
email: info@summitdrilling.com

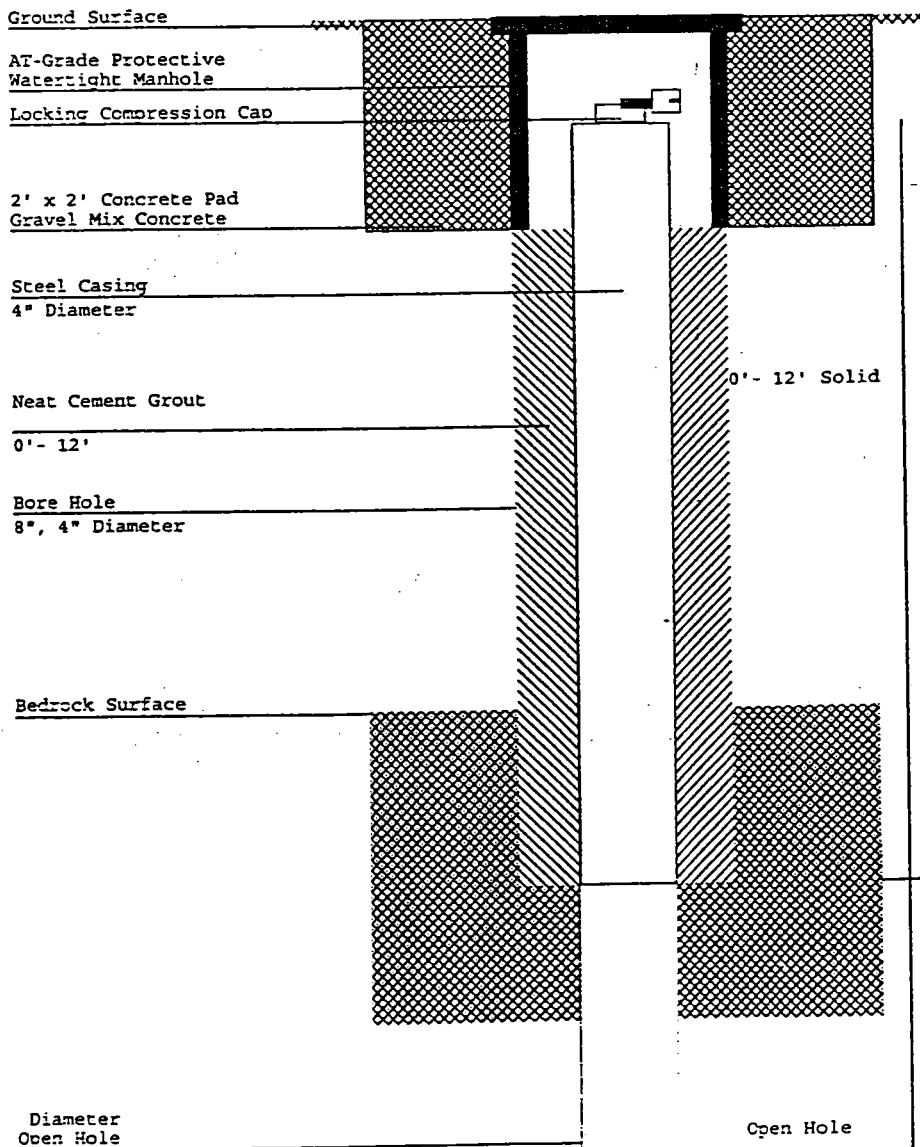
WELL LOG

WELL: IW2	DATE DRILLED: 09/03/1999	COORD #1: 25.32.491	PERMIT #1: 25-54996	
		COORD #2:	PERMIT #2:	COUNTY: Somerset
SITE: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869				XSTREET:
OWNER: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869				USE: Injection
INNER CASING: Steel	OUTER CASING:	SCREEN TYPE 1: Open Hole	DRILLING METHOD: Air Rotary	
DIAMETER: 4"	DIAMETER:	SCREEN TYPE 2:	SAMPLING METHOD:	
LENGTH: 12'	LENGTH:	DIAMETER:	HOLE DIA: 8", 4"	
		LENGTH 1:	TOTAL DEPTH: 33'	
SET WELL: 33'	GAL PER MIN: 1/2	LENGTH 2:		
GRAVEL PK SZ:	STAT H2O LVL: 10'	SLOT SIZE:		
DRILLER: Steve Yotcoski	DEVELOPMENT METHOD: Pump	CASING SEAL: Portland		
SURFACE COMPLETION: M	DEVELOPMENT TIME: 1/2 Hour	OPEN HOLE:		

DEPTH BELOW	BLOWS PER 6"
SURFACE	ON SAMPLER
FROM - TO	

REMARKS / SOILS IDENTIFICATION

0'- 2' Grass & top soil.
2'- 8' Red-brown silty clay trace gravel.
8'- 9' Weathered rock.
9'- 33' Red shale.



DWR-138 M
11/96



New Jersey Department of Environmental Protection
Bureau of Water Allocation
MONITORING WELL RECORD

Well Permit No. 25 - 50202

Atlas Sheet Coordinates 25 - 32 - 401

OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMS
Address 1001 ROUTE 202 NORTH
City RARITAN State NJ Zip Code _____

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW1
County SOMERSET Municipality RARITAN BORO Lot No. 14 Block No. 31
Address FT OF TILMAN & RARITAN STS

TYPE OF WELL (as per Well Permit Categories) MONITORING DATE WELL STARTED 3/3/97
Regulatory Program Requiring Well OWNER INVESTIGATION DATE WELL COMPLETED 3/3/97
Case I.D.# _____

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) McLaren-Hart Tele. # _____

WELL CONSTRUCTION

Total depth drilled 12 ft.
Well finished to 12 ft.

Borehole diameter:
Top 6 1/2 in.
Bottom 6 in.

Well was finished: ☒ above grade
☐ flush mounted

If finished above grade, casing height (stick up) above land surface 2 ft.

Was steel protective casing installed?
☒ Yes ☐ No

Static water level after drilling 8 1/2 ft.

Water level was measured using Tube

Well was developed for 1 hours
at Slow gpm

Method of development Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Fluid _____ Type of Rig B-80

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None C B A

I certify that I have constructed the above referenced well in accordance with all well permit requirements and applicable State rules and regulations.

Drilling Company SUMMIT WELL DRILLING CO INC

Well Driller (Print) Don Shabram Jr

Driller's Signature Don Shabram Jr

Registration No. M1212 Date 3/17/97

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	<u>12</u>	<u>7</u>	<u>2</u>	<u>PVC</u>	<u>Sch 40</u>
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	<u>7</u>	<u>12</u>	<u>2</u>	<u>PVC .020</u>	<u>Sch 40</u>
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack	<u>6</u>	<u>12</u>		<u>Kroon #1</u>	
Grout	<u>0</u>	<u>6</u>		<u>Neat Cement Bentonite</u>	<u>94 lbs. 5 lbs.</u>

Grouting Method Tremie
Drilling Method Air Rotary

GEOLOGIC LOG

Note each depth where water was encountered in consolidated formations.

See Attached

Summit

DRILLING CO., INC.

ENVIRONMENTAL SPECIALISTS

Central Jersey Industrial Park
Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
Telephone: (908) 722-4266
Toll Free: (800) 242-6648
FAX: (908) 356-1009

WELL LOG

WELL: MW1 DATE DRILLED: 03/03/1997 COORD #1: 25.32.491 PERMIT #1: 25-50202
COORD #2: PERMIT #2:

SITE: NAPA Property, Foot of Tillman & Raritan Streets, , Raritan, NJ 08869
OWNER: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869

COUNTY: Somerset
XSTREET:
USE: Monitoring

INNER CASING: PVC	OUTER CASING:	SCREEN TYPE 1: PVC	DRILLING METHOD: Air Rotary
DIAMETER: 2"	DIAMETER:	SCREEN TYPE 2:	SAMPLING METHOD: S/S
LENGTH: 9'	LENGTH:	DIAMETER: 4"	HOLE DIA: 6"
		LENGTH 1: 5'	TOTAL DEPTH: 12'
		LENGTH 2:	
SET WELL: 12'	GAL PER MIN: Slow	SLOT SIZE: .020	
GRAVEL PK SZ: Morie #1	STAT H2O LVL: 8.5'		
DRILLER: Don Grahamer, Jr.	DEVELOPMENT METHOD: Pump	CASING SEAL: Portland	
SURFACE COMPLETION: S	DEVELOPMENT TIME: 1 Hour	OPEN HOLE:	

DEPTH BELOW	BLOWS PER 6"
SURFACE	ON SAMPLER
FROM - TO	

REMARKS / SOILS IDENTIFICATION

0' - 2' Grass & top soil.
2' - 5' Red-brown silty clay.
5' - 12' Red shale.

Steel Cap with Padlock

Length of Protective Steel Casing
Securely Set in Cement

Cap

Ground Surface

Cement Collar

Neat Cement Grout
(ASTM Type II, 5% Bentonite Added)
0' - 6' (1)

PVC Casing
2" Diameter

PVC Screen
4" Diameter

Gravel Pack
6' - 12'

Bore Hole
6" Diameter

Bottom Cap

2' - 7' Solid

7' - 12' Screen

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/96

New Jersey Department of Environmental Protection

Bureau of Water Allocation

MONITORING WELL RECORDWell Permit No. 25 - 50223Atlas Sheet Coordinates 25 : 32 : 491OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMSAddress 1001 ROUTE 202 NORTHCity RARITANState NJ

Zip Code _____

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW2County SOMERSETMunicipality RARITAN BOBOLot No. 14Block No. 31Address FT OF TILMAN & RARITAN STSDATE WELL STARTED 3/3/97DATE WELL COMPLETED 3/3/97TYPE OF WELL (as per Well Permit Categories) MONITORINGRegulatory Program Requiring Well OWNER INVESTIGATION

Case I.D.# _____

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) McLaren-Hart

Tele. # _____

WELL CONSTRUCTIONTotal depth drilled 19 ft.Well finished to 19 ft.

Borehole diameter:

Top 6 in.Bottom 6 in.Well was finished: ☒ above grade
☐ flush mountedIf finished above grade, casing height (stick up) above land surface 2 ft.

Was steel protective casing installed?

☒ Yes ☐ NoStatic water level after drilling 8 1/2 ft.Water level was measured using tapeWell was developed for 1 hoursat slow gpmMethod of development PumpWas permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Fluid _____ Type of Rig B-80Health and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None (D) C B A

I certify that I have constructed the above referenced well in accordance with all well permit requirements and applicable State rules and regulations.

Drilling Company SUMMIT WELL DRILLING CO. INC.Well Driller (Print) Don Grahamer JrDriller's Signature Don Grahamer JrRegistration No. M1212 Date 3/17/97

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	+2	9	2	PVC	Sch 40
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	9	19	2	PVC .020	Sch 40
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack	8	19		Moist #1	
Grout	0	8		Neat Cement Bentonite	188 lbs. 10 lbs.

Grouting Method TremieDrilling Method Air Rotary**GEOLOGIC LOG**

Note each depth where water was encountered in consolidated formations.

See Attached

Summit

DRILLING CO., INC.

ENVIRONMENTAL SPECIALISTS

Central Jersey Industrial Park
Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
Telephone: (908) 722-4266
Toll Free: (800) 242-6648
FAX: (908) 356-1009

WELL LOG

WELL: MW2 DATE DRILLED: 03/03/1997 COORD #1: 25.32.491 PERMIT #1: 25-50203
COORD #2: PERMIT #2:
SITE: NAPA Property, Foot of Tillman & Raritan Streets, , Raritan, NJ 08869
OWNER: Ortho Diagnostic Systems, , 1001 Route 202 North, , Raritan, NJ 08869
COUNTY: Somerset
XSTREET:
USE: Monitoring

INNER CASING: PVC OUTER CASING: SCREEN TYPE 1: PVC
DIAMETER: 2" DIAMETER: SCREEN TYPE 2:
LENGTH: 11' LENGTH: DIAMETER: 4"
LENGTH 1: 10'
LENGTH 2:
SLOT SIZE: .020

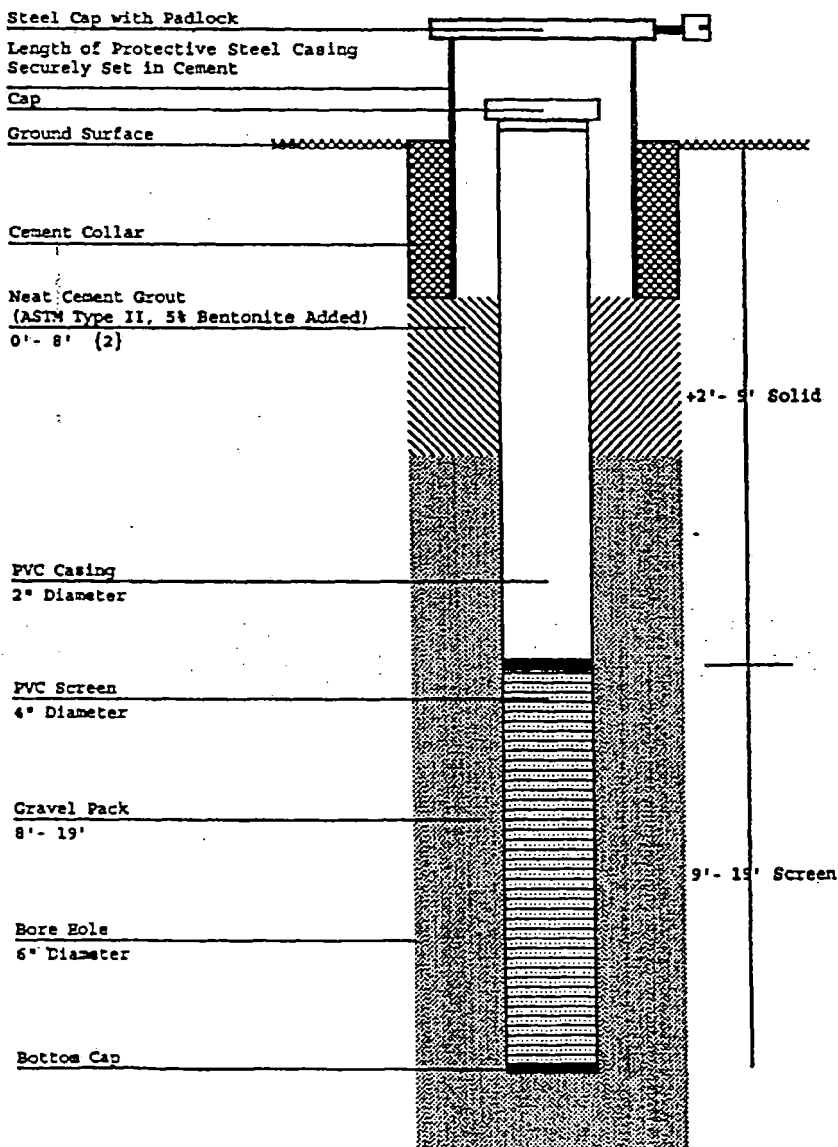
SET WELL: 19' GAL PER MIN: Slow
GRAVEL PK SZ: Morie #1 STAT H2O LVL: 8.5'
DRILLER: Don Grahamer, Jr. DEVELOPMENT METHOD: Pump
SURFACE COMPLETION: S DEVELOPMENT TIME: 1 Hour CASING SEAL: Portland
OPEN HOLE:

DRILLING METHOD: Air Rotary
SAMPLING METHOD: S/S
HOLE DIA: 6"
TOTAL DEPTH: 19'

DEPTH BELOW SURFACE FROM - TO	BLOWS PER 6" ON SAMPLER
0' - 2'	None
2' - 4'	None
4' - 6'	None
6' - 8'	None
8' - 10'	None

REMARKS / SOILS IDENTIFICATION

0' - 8'6" Red-brown silty clay (fill).
8'6" - 19' Red shale.



IR-138 M
96



New Jersey Department of Environmental Protection
Bureau of Water Allocation
MONITORING WELL RECORD

Well Permit No. 25 - 50284

Atlas Sheet Coordinates 25 : 32 : 491

OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMS
Address 1001 ROUTE 282 NORTH
City RARITAN State NJ Zip Code _____

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW3
County SOMERSET Municipality RARITAN BORO Lot No. 14 Block No. 31
Address FT OF TILMAN & RARITAN STS

DATE WELL STARTED 3/3/97
DATE WELL COMPLETED 3/3/97

TYPE OF WELL (as per Well Permit Categories) MONITORING
Regulatory Program Requiring Well OWNER INVESTIGATION Case I.D.# _____

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) McLaren-Hunt Tele. # _____

WELL CONSTRUCTION

Total depth drilled 14 ft.
Well finished to 14 ft.

Borehole diameter:
Top 6 1/2 in.
Bottom 6 1/2 in.

Well was finished: ☒ above grade
☐ flush mounted

If finished above grade, casing height (stick up) above land surface 2 ft.

Was steel protective casing installed?
☒ Yes ☐ No

Static water level after drilling 8 1/2 ft.

Water level was measured using Pump

Well was developed for 1 hours
at Slow gpm

Method of development Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Fluid _____ Type of Rig B-80

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None (D) C B A

I certify that I have constructed the above referenced well in accordance with all well permit requirements and applicable State rules and regulations.

Drilling Company SUMMIT WELL DRILLING CO INC

Well Driller (Print) Don Grahamer Jr

Driller's Signature Don Grahamer Jr

Registration No. MA12 Date 3/17/97

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	<u>12</u>	<u>9</u>	<u>2</u>	<u>PK</u>	<u>Sch 40</u>
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	<u>9</u>	<u>14</u>	<u>2</u>	<u>PK-0.20</u>	<u>Sch 40</u>
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack	<u>8</u>	<u>14</u>		<u>Moist</u>	<u>1</u>
Grout	<u>0</u>	<u>8</u>		<u>Neat Cement Bentonite</u>	<u>188 lbs. 10 lbs.</u>

Grouting Method Trenie
Drilling Method Air Rotary

GEOLOGIC LOG

Note each depth where water was encountered in consolidated formations.

See Attached

138 M

New Jersey Department of Environmental Protection
Bureau of Water Allocation
MONITORING WELL RECORD

Well Permit No. 25 - 50005

Atlas Sheet Coordinates 25 : 32 : 401

OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMS
Address 1001 ROUTE 202 NORTH
City RARITAN State NJ Zip Code _____

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW4
County SOMERSET Municipality RARITAN BOBO Lot No. 14 Block No. 31
Address FT OF TILMAN & RARITAN STS

DATE WELL STARTED 3/3/97
DATE WELL COMPLETED 3/3/97

TYPE OF WELL (as per Well Permit Categories) MONITORING
Regulatory Program Requiring Well OWNER INVESTIGATION Case I.D.# _____

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) M. L. Lauen - Hart Tele. # _____

WELL CONSTRUCTION

Total depth drilled 15 ft.
Well finished to 15 ft.

Borehole diameter:
Top 6 in.
Bottom 6 in.

Well was finished: ☒ above grade
☐ flush mounted

Well finished above grade, casing height (stick up) above land surface 2 ft.

Was steel protective casing installed?
☒ Yes ☐ No

Static water level after drilling 8 ft.

Water level was measured using Tape

Well was developed for 1 hours
at Slow gpm

Method of development Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Fluid _____ Type of Rig B-80

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None (D) C B A

I certify that I have constructed the above referenced well in accordance with all well permit requirements and applicable State rules and regulations.

Drilling Company SUMMIT WELL DRILLING CO INC

Well Driller (Print) Don Grahamen Jr

Driller's Signature Don Grahamen Jr

Registration No. M1212 Date 3/17/97

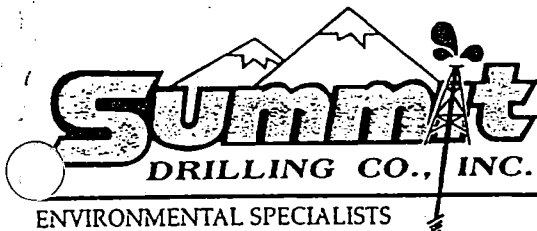
Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	<u>12</u>	<u>5</u>	<u>2</u>	<u>PVC</u>	<u>Sch 40</u>
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	<u>5</u>	<u>15</u>	<u>2</u>	<u>PVC .020</u>	<u>Sch 40</u>
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack	<u>04</u>	<u>15</u>		<u>Morice #1</u>	<u>94</u> lbs.
Grout	<u>40</u>	<u>15</u>		<u>Neat Cement Bentonite</u>	<u>5</u> lbs.

Grouting Method Tremie
Drilling Method Air Rotary

GEOLOGIC LOG

Note each depth where water was encountered in consolidated formations.

See Attached



Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
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Toll Free: (800) 242-6648
FAX: (732) 356-1009
<http://www.summitdrilling.com>
email: info@summitdrilling.com

WELL LOG

WELL: MW32 DATE DRILLED: 08/11/1999 COORD #1: 25.32.491 PERMIT #1: 25-54673

COORD #2: PERMIT #2:

SITE: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869

OWNER: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869

COUNTY: Somerset

XSTREET:

USE: Monitoring

INNER CASING: PVC

DIAMETER: 2"

LENGTH: 5'

OUTER CASING:

DIAMETER:

LENGTH:

SCREEN TYPE 1: PVC

SCREEN TYPE 2:

DIAMETER: 2"

LENGTH 1: 20'

LENGTH 2:

SLOT SIZE: .020

DRILLING METHOD: Air Rotary

SAMPLING METHOD:

HOLE DIA: 6", 6"

TOTAL DEPTH: 25'

SET WELL: 25'

GRAVEL PK SZ: Morie #2

DRILLER: Steve Yotcoski

SURFACE COMPLETION: M

GAL PER MIN: 1/2

STAT H2O LVL: 20'

DEVELOPMENT METHOD: Pump

DEVELOPMENT TIME: 1/2 Hour

CASING SEAL: Portland

OPEN HOLE:

DEPTH BELOW
SURFACE
FROM - TO

BLOWS PER 6"
ON SAMPLER

REMARKS / SOILS IDENTIFICATION

0'- 2' Asphalt & stone.
12'- 8' Red-brown medium sand trace clay.
8'- 9' Weathered rock.
9'- 25' Rock.

Ground Surface

AT-Grade Protective

Watertight Manhole

Locking Compression Cap

2' x 2' Concrete Pad

Gravel Mix Concrete

PVC Casing

2" Diameter

Neat Cement Grout

(ASTM Type II, 5% Bentonite Added)

0'-, 4'

PVC Screen

2" Diameter

Gravel Pack

4'- 25'

Bore Hole

6", 6" Diameter

Bottom Cap

0'- 5' Solid

5'- 25' Screen



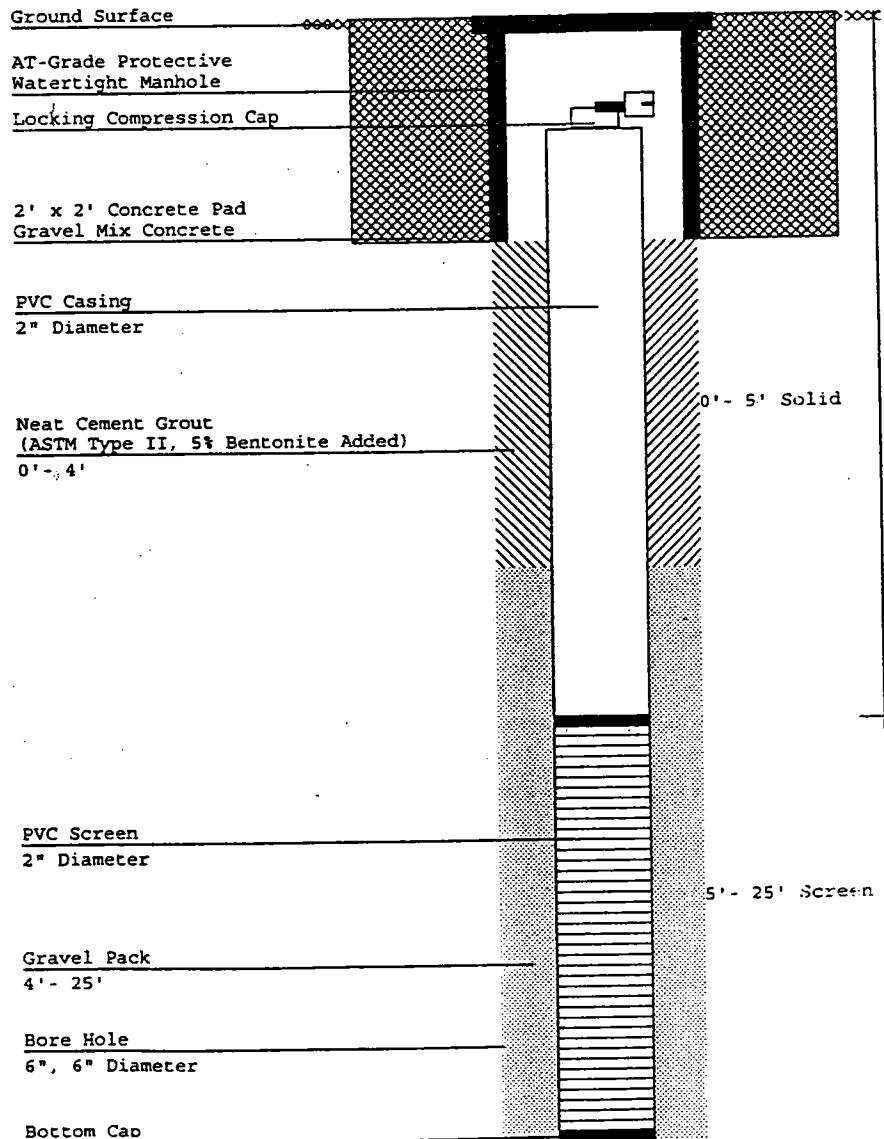
Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
Telephone: (908) 722-4266
Toll Free: (800) 242-6648
FAX: (732) 356-1009
http://www.summitdrilling.com
email: info@summitdrilling.com

WELL LOG

WELL: MW32 DATE DRILLED: 08/11/1999 COORD #1: 25.32.491 PERMIT #1: 25-54673
 COORD #2: PERMIT #2: COUNTY: Somerset
 SITE: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869 XSTREET:
 OWNER: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869 USE: Monitoring
 INNER CASING: PVC OUTER CASING: SCREEN TYPE 1: PVC DRILLING METHOD: Air Rotary
 DIAMETER: 2" DIAMETER: SCREEN TYPE 2: SAMPLING METHOD:
 LENGTH: 5' LENGTH: DIAMETER: 2" HOLE DIA: 6", 6"
 SET WELL: 25' GAL PER MIN: 1/2 LENGTH 1: 20' TOTAL DEPTH: 25'
 GRAVEL PK SZ: Morie #2 STAT H2O LVL: 20' LENGTH 2:
 DRILLER: Steve Yotcoski DEVELOPMENT METHOD: Pump CASING SEAL: Portland
 SURFACE COMPLETION: M DEVELOPMENT TIME: 1/2 Hour OPEN HOLE:

DEPTH BELOW BLOWS PER 6"
 SURFACE ON SAMPLER
 FROM - TO
 REMARKS / SOILS IDENTIFICATION

0'- 2' Asphalt & stone.
 12- 8' Red-brown medium sand trace clay.
 8'- 9' Weathered rock.
 9'- 25' Rock.





Central Jersey Industrial Park
Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
Telephone: (908) 722-4266
Toll Free: (800) 242-6648
FAX: (732) 356-1009

ENVIRONMENTAL SPECIALISTS

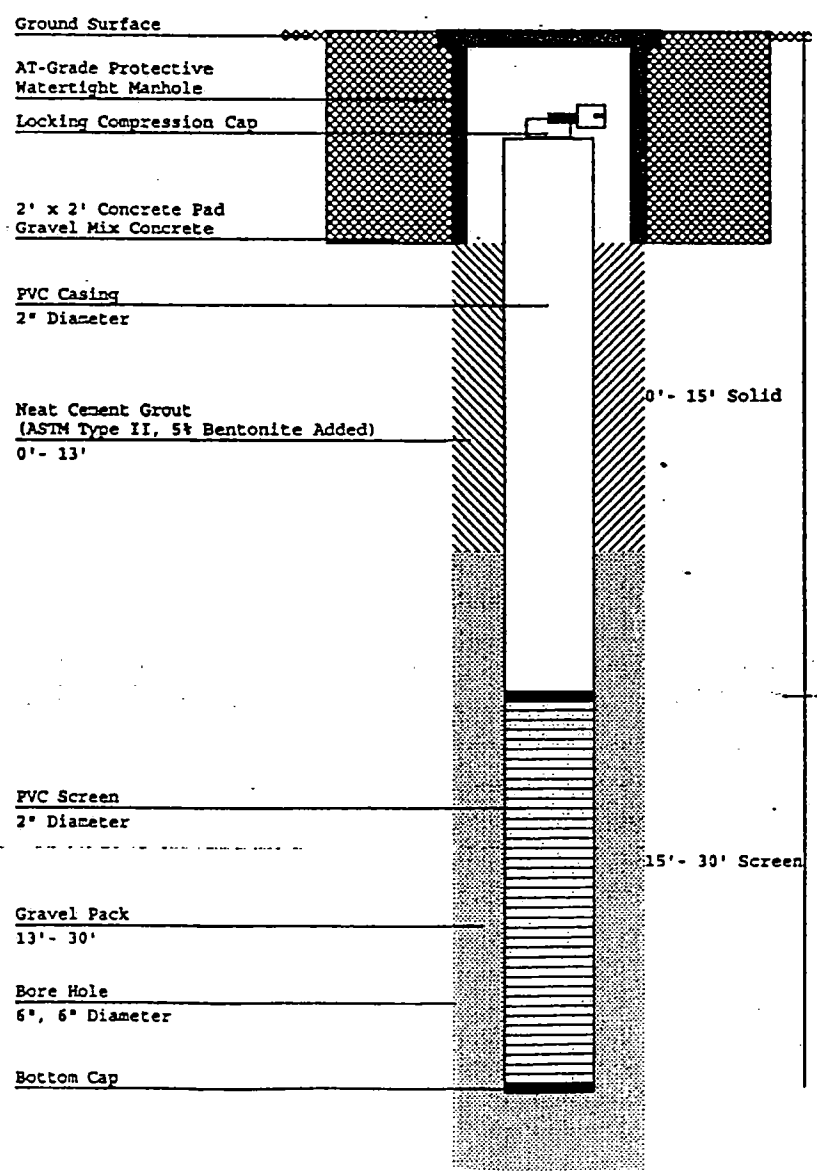
WELL LOG

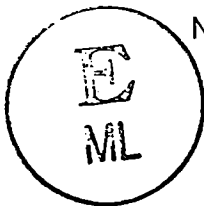
WELL: MW34	DATE DRILLED: 08/10/1998	COORD #1: 25.32.491	PERMIT #1: 25-52837	
		COORD #2:	PERMIT #2:	
SITE: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869				COUNTY: Somerset
OWNER: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869				XSTREET:
				USE: Piezometers
INNER CASING: PVC	OUTER CASING:	SCREEN TYPE 1: PVC	DRILLING METHOD: Air Rotary	
DIAMETER: 2"	DIAMETER:	SCREEN TYPE 2:	SAMPLING METHOD:	
LENGTH: 15'	LENGTH:	DIAMETER: 2"	HOLE DIA: 6", 6"	
		LENGTH 1: 15'	TOTAL DEPTH: 30'	
SET WELL: 30'	GAL PER MIN: 1/2	LENGTH 2:		
GRAVEL PK SZ: Morie #2	STAT H2O LVL: 17'	SLOT SIZE: .020		
DRILLER: Steve Yotcoski	DEVELOPMENT METHOD: Pump	CASING SEAL: Portland		
SURFACE COMPLETION: M	DEVELOPMENT TIME: 1/2 Hour	OPEN HOLE:		

DEPTH BELOW	BLOWS PER 6"
SURFACE	ON SAMPLER
FROM - TO	

REMARKS / SOILS IDENTIFICATION

0'- 2' Asphalt & stone.
2'- 6' Red-brown silty clay some fine sand
trace rock fragments.
6'- 30' Red shale.





MONITORING WELL RECORD

128

Well Permit No. 25 54674Atlas Sheet Coordinates 25 :32 491OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMSAddress 1001 ROUTE 202 NORTHCity RARITAN State NJ Zip Code _____WELL LOCATION - If not the same as owner please give address. Owner's Well No. Mw34DCounty SOMERSET Municipality RARITAN BORO Lot No. 14 Block No. 31Address 1001 ROUTE 202 NORTHDATE WELL STARTED 8/11/99
DATE WELL COMPLETED 8/11/99TYPE OF WELL (as per Well Permit Categories) MONITORINGRegulatory Program Requiring Well OWNER INVESTIGATION Case I.D.# _____CONSULTING FIRM/FIELD SUPERVISOR (if applicable) McLaren Hart Environmental Engineering Co. #

WELL CONSTRUCTION

Total depth drilled 75' ft.Well finished to 75' ft.

Borehole diameter:

Top 10" in.Bottom 6" in.Well was finished: ☐ above grade
☒ flush mountedIf finished above grade, casing height (stick
up) above land surface _____ ft.Was steel protective casing installed?
☐ Yes ☒ NoStatic water level after drilling 65' ft.Water level was measured using TapeWell was developed for 1/2 Hour hours
at 1/2 gpmMethod of development PumpWas permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Fluid _____ Type of Rig B-80Health and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None ☒ C B A

I certify that I have constructed the above referenced well in
accordance with all well permit requirements and applicable
State rules and regulations.

Drilling Company SUMMIT WELL DRILLING CO INCWell Driller (Print) Steve YotcoskiDriller's Signature Steve YotcoskiRegistration No. J1622 Date 8 / 23 / 99

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch. no.)
Single/Inner Casing	0'	55'	2"	PVC	Sch. 40
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)	0	50'	6"	Steel	Sch. 40
Open Hole or Screen (No. Used)	55'	75'	2"	PVC	Sch. 40
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack	54'	75'		Morie #2	
Grout	0' 0"	54' 50"		Neat Cement Bentonite	940 lbs. 50 lbs.

Grouting Method TremieDrilling Method Air Rotary

GEOLOGIC LOG

Note each depth where water was encountered in consolidated
formations.

See Attached



Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
Telephone: (908) 722-4266
Toll Free: (800) 242-6648
FAX: (732) 356-1009
http://www.summitdrilling.com
email: info@summitdrilling.com

WELL LOG

WELL: MW34D DATE DRILLED: 08/11/1999 COORD #1: 25.32.491 PERMIT #1: 25-54674

COORD #2:

PERMIT #2:

COUNTY: Somerset

XSTREET:

USE: Monitoring

SITE: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869

OWNER: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869

INNER CASING: PVC
DIAMETER: 2"
LENGTH: 55'

OUTER CASING: Steel
DIAMETER: 6"
LENGTH: 50'

SCREEN TYPE 1: PVC
SCREEN TYPE 2:
DIAMETER: 2"
LENGTH 1: 20'

DRILLING METHOD: Air Rotary
SAMPLING METHOD:
HOLE DIA: 10", 6"
TOTAL DEPTH: 75'

SET WELL: 75'

GRAVEL PK SZ: Morie #2

DRILLER: Steve Yotcoski

SURFACE COMPLETION: M

GAL PER MIN: 1/2

STAT H2O LVL: 65'

LENGTH 2:

SLOT SIZE: .020

DEVELOPMENT METHOD: Pump

DEVELOPMENT TIME: 1/2 Hour

CASING SEAL: Portland

OPEN HOLE:

DEPTH BELOW
SURFACE
FROM - TO

BLOWS PER 6"
ON SAMPLER

REMARKS / SOILS IDENTIFICATION

0'- 2' Asphalt & stone.
2'- 4' Fill.
4'- 8' Red-brown silty clay.
8'- 10' Weathered red shale.
10'- 50' Bedrock.
50'- 75' Red shale.

Ground Surface

At-Grade Protective
Watertight Manhole

Locking Compression Cap

2' x 2' Concrete Pad
Gravel Mix Concrete

PVC Casing

2" Diameter

Steel Outer Casing

6" Diameter

Neat Cement Grout
(ASTM Type II, 5% Bentonite Added)

0' 0'- 54' 50'

0'- 55' Solid

PVC Screen

2" Diameter

55'- 75' Screen

Gravel Pack

54'- 75'

Bore Hole

10", 6" Diameter

Bottom Cap

DWR-138 M
11/95New Jersey Department of Environmental Protection
Bureau of Water Allocation
MONITORING WELL RECORDWell Permit No. 25 52838Atlas Sheet Coordinates 25 : 32 491OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMSAddress 1001 ROUTE 202 NORTHCity RARITANState NJZip Code WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW35County SOMERSETMunicipality RARITAN BOROLot No. 14Block No. 31Address 1001 ROUTE 202 NORTHDATE WELL STARTED 8 / 10 / 98DATE WELL COMPLETED 8 / 10 / 98TYPE OF WELL (as per Well Permit Categories) PIEZOMETERRegulatory Program Requiring Well OWNER INVESTIGATIONCase I.D.# CONSULTING FIRM/FIELD SUPERVISOR (if applicable) McLaren Hart Environmental Engineering C File # **WELL CONSTRUCTION**Total depth drilled 30' ft.Well finished to 30' ft.

Borehole diameter:

Top 6" in.Bottom 6" in.Well was finished: ☐ above grade☒ flush mountedIf finished above grade, casing height (stick up) above land surface ft.

Was steel protective casing installed?

☐ Yes ☒ NoStatic water level after drilling 17' ft.Water level was measured using TapWell was developed for 1/2 Hour hoursat 1/2 gpmMethod of development PumpWas permanent pumping equipment installed? ☐ Yes ☒ NoPump capacity gpmPump type: Drilling Fluid Type of Rig B-80Health and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None (D) C B A*I certify that I have constructed the above referenced well in accordance with all well permit requirements and applicable State rules and regulations.*Drilling Company SUMMIT WELL DRILLING CO INCWell Driller (Print) Steve YotcoskiDriller's Signature Steve YotcoskiRegistration No. J1622Date 9 / 3 / 98

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	0'	15'	2"	PVC	Sch. 40
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	15'	30'	2"	PVC	.020 Sch. 40
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack	13'	30'		Morie #2	
Grout	0'	13'		Neat Cement Bentonite	470 lbs. 25 lbs.

Grouting Method TremieDrilling Method Air Rotary**GEOLOGIC LOG**

Note each depth where water was encountered in consolidated formations.

See Attached



ENVIRONMENTAL SPECIALISTS

Central Jersey Industrial Park
Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
Telephone: (908) 722-4266
Toll Free: (800) 242-6648
FAX: (732) 356-1009

WELL LOG

WELL: MWJ5 DATE DRILLED: 08/10/1998 COORD #1: 25.32.491 PERMIT #1: 25-52838
COORD #2: PERMIT #2:
SITE: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869
OWNER: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869
COUNTY: Somerset
XSTREET:
USE: Piezometers

INNER CASING: PVC OUTER CASING: SCREEN TYPE 1: PVC DRILLING METHOD: Air Rotary
DIAMETER: 2" DIAMETER: SCREEN TYPE 2: SAMPLING METHOD:
LENGTH: 15' LENGTH: DIAMETER: 2" HOLE DIA: 6", 6"
LENGTH 1: 15' LENGTH 2: TOTAL DEPTH: 30'
SET WELL: 30' GAL PER MIN: 1/2 LENGTH 2: .020
GRAVEL PK SZ: Morie #2 STAT H2O LVL: 17' SLOT SIZE:
DRILLER: Steve Yotcoski DEVELOPMENT METHOD: Pump CASING SEAL: Portland
SURFACE COMPLETION: M DEVELOPMENT TIME: 1/2 Hour OPEN HOLE:

DEPTH BELOW SURFACE
FROM - TO

BLOWS PER 6" ON SAMPLER

REMARKS / SOILS IDENTIFICATION

0'- 2' Grass & top soil.
2'- 6' Red-brown silty clay some fine sand
trace rock fragments.
6'- 30' Red shale.

Ground Surface

AT-Grade Protective
Watertight Manhole

Locking Compression Cap

2' x 2' Concrete Pad
Gravel Mix Concrete

PVC Casing
2" Diameter

Neat Cement Grout
(ASIM Type II, 5% Bentonite Added)
0'- 13'

PVC Screen
2" Diameter

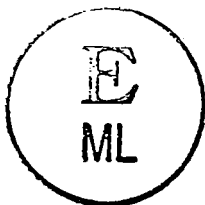
Gravel Pack
13'- 30'

Bore Hole
6", 6" Diameter

Bottom Cap

0'- 15' Solid

15'- 30' Screen

**MONITORING WELL RECORD**

130

Well Permit No. 25 - 54675Atlas Sheet Coordinates 25 : 32 491

OWNER IDENTIFICATION - Owner ORTHO DIAGNOSTIC SYSTEMS
Address 1001 ROUTE 202 NORTH
City RARITAN State NJ Zip Code _____

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW37
County SOMERSET Municipality RARITAN BORO Lot No. 14 Block No. 31
Address 1001 ROUTE 202 NORTH

TYPE OF WELL (as per Well Permit Categories) MONITORING
Regulatory Program Requiring Well OWNER INVESTIGATION Case I.D.# _____
DATE WELL STARTED 8/11/99
DATE WELL COMPLETED 8/11/99

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) McLaren Hart Environmental Engineering LLC # _____**WELL CONSTRUCTION**

Total depth drilled 80' ft.
Well finished to 80' ft.

Borehole diameter:
Top 10" in.
Bottom 6" in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing height (stick
up) above land surface _____ ft.

Is steel protective casing installed?
☐ Yes ☒ No

Static water level after drilling 65' ft.Water level was measured using Tape

Well was developed for 1/2 Hour hours
at 1/2 gpm

Method of development PumpWas permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity _____ gpm

Pump type: _____

Drilling Fluid _____ Type of Rig B-80Health and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None (D) C B A

*I certify that I have constructed the above referenced well in
accordance with all well permit requirements and applicable
State rules and regulations.*

Drilling Company SUMMIT WELL DRILLING CO INCWell Driller (Print) Steve YotcoskiDriller's Signature Steve YotcoskiRegistration No. J1622 Date 8 / 23 / 99

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	0'	55'	2"	PVC	Sch. 40
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)	0	50'	6"	Steel	Sch. 40
Open Hole or Screen (No. Used)	55'	80'	2"	PVC	Sch. 40
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack	54'	80'		Morie #2	
Grout	0/0'	54'/55'		Neat Cement Bentonite	940 lbs. 50 lbs.

Grouting Method Tremie
Drilling Method Air Rotary

GEOLOGIC LOG

Note each depth where water was encountered in consolidated
formations.

See Attached



Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
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http://www.summitdrilling.com
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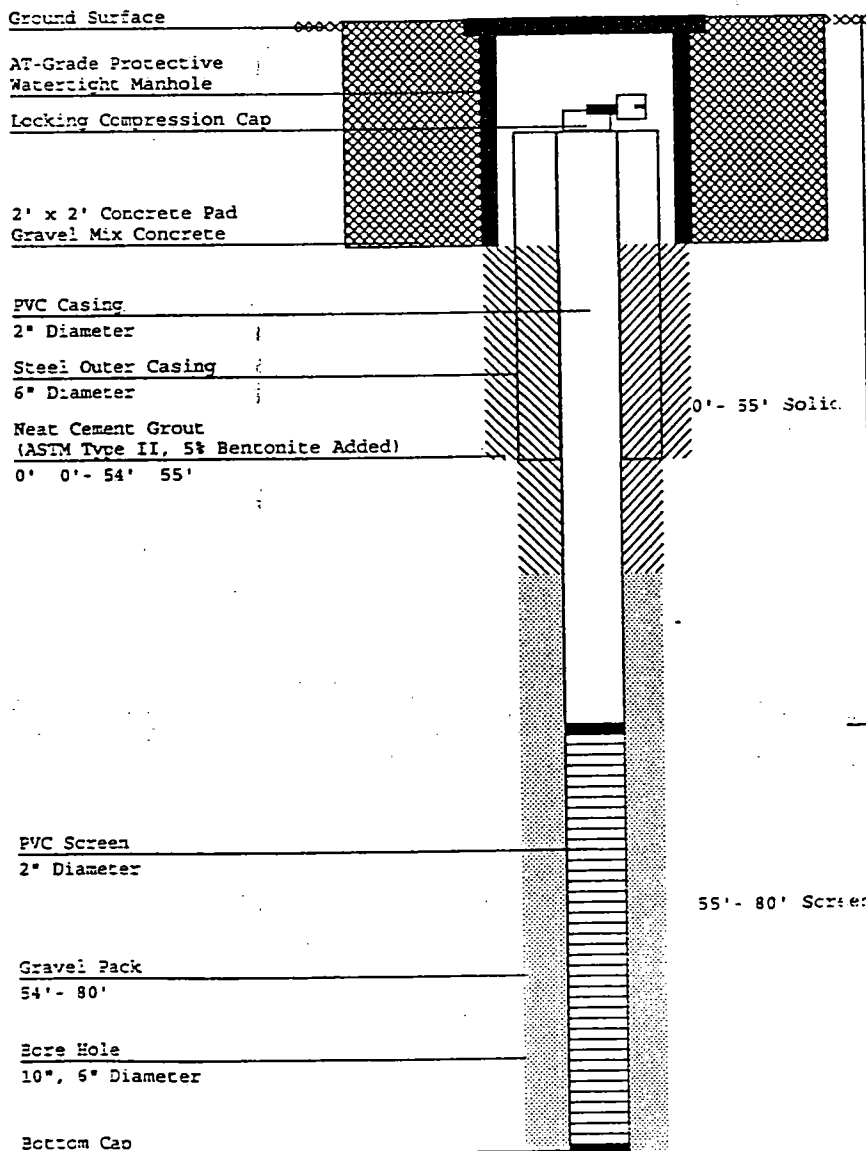
WELL LOG

WELL: MW37 DATE DRILLED: 08/11/1999 COORD #1: 25.32.491 PERMIT #1: 25-54675
COORD #2: PERMIT #2: COUNTY: Somerset
SITE: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869 XSTREET:
OWNER: Ortho Diagnostic Systems,, 1001 Route 202 North, , Raritan, NJ 08869 USE: Monitoring
INNER CASING: PVC OUTER CASING: Steel SCREEN TYPE 1: PVC DRILLING METHOD: Air Rotary
DIAMETER: 2" DIAMETER: 6" SCREEN TYPE 2: SAMPLING METHOD:
LENGTH: 55' LENGTH: 50' DIAMETER: 2" HOLE DIA: 10", 6"
LENGTH 1: 25' LENGTH 2: TOTAL DEPTH: 80'
SET WELL: 80' GAL PER MIN: 1/2 SLOT SIZE: .020
GRAVEL PK SZ: Morie #2 STAT H2O LVL: 65'
DRILLER: Steve Yotcoski DEVELOPMENT METHOD: Pump CASING SEAL: Portland
SURFACE COMPLETION: M DEVELOPMENT TIME: 1/2 Hour OPEN HOLE:

DEPTH BELOW BLOWS PER 6"
SURFACE ON SAMPLER
FROM - TO

REMARKS / SOILS IDENTIFICATION

0'- 2' Asphalt & stone.
2'- 3' Fill.
3'- 8' Red-brown silty clay.
9'- 80' Red shale.



25-32-491 LI

FORM 87

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

Permit No. 25-15579
Application No. _____
County _____

WELL RECORD

25.32.491
25.15579

1. OWNER Robert E. O'Rourke ADDRESS 290 Milltown Road, Somerville, N.J.
Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION 290 Milltown Road, Hillsborough Twp., Somerset.
3. DATE COMPLETED 7/8/70 DRILLER Somerville Well Drilling Co.
4. DIAMETER: top 10 Inches Bottom 6 Inches TOTAL DEPTH 120 Feet
5. CASING: Type Drive Diameter 6 Inches Length 60 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range in Depth { Top _____ Feet Geologic Formation _____
Bottom _____ Feet
- Tail piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date 7/6/70 Yield 37 Gallons per minute
Static water level before pumping 40 Feet below surface
Pumping level 100 feet below surface after 5 hours pumping
Drawdown 60 Feet Specific Capacity 2 Gals. per min. per ft. of drawdown
How Pumped cylinder How measured bucket
Observed effect on nearby wells none
9. PERMANENT PUMPING EQUIPMENT:
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Domestic AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER good Sample: Yes _____ No. xx
Taste none Odor none Color clear Temp. _____ °F
12. LOG Red shale to depth Are samples available? no
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA Somerville Well Drilling Co.
14. DATA OBTAINED BY Same Date 7/8/70

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements etc.)

FORM 87

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

WELL RECORD

Permit No. 25-8583

Application No. _____

County _____

25.32.49125.8583

1. OWNER Rocco Pellechio ADDRESS Bound Brook Ave, Raritan, N.J.
Owner's Well No. _____ SURFACE ELEVATION 120 Feet
(Above mean sea level)
2. LOCATION 74° 38' 33" 40° 34' 35"
3. DATE COMPLETED June 25, 1959 DRILLER Dinunzio Well Drilling Co
4. DIAMETER: top 6 inches Bottom 6 inches TOTAL DEPTH 153 Feet
5. CASING: Type Steel Diameter 6 inches Length 21 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ inches Length _____ Feet
- Range in Depth { Top _____ Feet
Bottom _____ Feet
- Geologic Formation _____
- Tail piece: Diameter _____ inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date June 25, 1959 Yield 15 Gallons per minute
Static water level before pumping 55 Feet below surface
Pumping level 80 feet below surface after 1 hours pumping
Drawdown 25 Feet Specific Capacity 4 Gals. per min. per ft. of drawdown
How Pumped AIRL How measured Pa
Observed effect on nearby wells None
9. PERMANENT PUMPING EQUIPMENT: Not installed by Driller
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.H. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ inches
10. USED FOR Residence AMOUNT { Average 200 Gallons Daily
Maximum 500 Gallons Daily
11. QUALITY OF WATER Good Sample: Yes _____ No. ✓
Taste None Odor None Color None Temp. 50 °F
12. LOG All Shale Are samples available? No
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA Self
14. DATA OBTAINED BY Self Date June 25, 1959

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements etc.)

25.32491

FORM 87

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

Permit No. 25-7613
Application No. _____
County _____

WELL RECORD

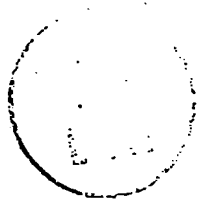
25.32.491
25.7613

1. OWNER Samuel Perone ADDRESS Board Brook Ave, Raritan, N.J.
Owner's Well No. _____ SURFACE ELEVATION 140 Feet
(Above mean sea level)
2. LOCATION 74° 36' 42" 40° 34' 33"
3. DATE COMPLETED June 2, 1958 DRILLER John Dinunzi
4. DIAMETER: top 6 Inches Bottom 6 Inches TOTAL DEPTH 140 Feet
5. CASING: Type Regular Diameter 6 Inches Length 20 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range in Depth { Top _____ Feet
Bottom _____ Feet Geologic Formation _____
- Tail piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date June 2, 1958 Yield 10 Gallons per minute
Static water level before pumping 20 Feet below surface
Pumping level 83 feet below surface after _____ hours pumping
Drawdown 13 Feet Specific Capacity 4 Gals. per min. per ft. of drawdown
How Pumped Barler How measured Barler
Observed effect on nearby wells None
9. PERMANENT PUMPING EQUIPMENT: Not installed by Driller
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Residence AMOUNT { Average 200 Gallons Daily
Maximum 500 Gallons Daily
11. QUALITY OF WATER Good Sample: Yes _____ No. ☒
Taste None Odor None Color None Temp. 47 °F
12. LOG All Shale Are samples available? No
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA Self
14. DATA OBTAINED BY Self Date June 2, 1958

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements etc.)

139

3-138 M



New Jersey Department of Environmental Protection
Bureau of Water Allocation
MONITORING WELL RECORD

Well Permit No. 25 51361

Atlas Sheet Coordinates 25 32 494

OWNER IDENTIFICATION - Owner CUMBERLAND FARMS INC.
Address 777 DEERHAM ST. State MA Zip Code _____
City CANTON

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW1
County SOMERSET Municipality RANTAN BORO Lot No. 1 Block No. 117
Address 1201 OLD YORK RD.

TYPE OF WELL (as per Well Permit Categories) MONITORING
Regulatory Program Requiring Well UST Case I.D.# 97-04-03-113827

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) _____ Tele. # _____

WELL CONSTRUCTION

Total depth drilled 18 ft.
Well finished to 18 ft.

Borehole diameter:
Top 12 in.
Bottom 12 in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing height (stick up) above land surface _____ ft.

Was steel protective casing installed?
☐ Yes ☒ No

Static water level after drilling 11 ft.

Water level was measured using tape

Well was developed for .5 hours
at 3 gpm

Method of development mudno

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity N/A gpm

Pump type: N/A

Drilling Fluid N/A Type of Rig A300

Health and Safety Plan submitted? ☐ Yes ☒ No

Level of Protection used on site (circle one) None D C B A

I certify that I have constructed the above referenced well in accordance with all well permit requirements and applicable State rules and regulations.

Drilling Company GARY PARENT/SHORE DRILG. INC.

Well Driller (Print) Gary Parent

Driller's Signature Gary Parent

Registration No. MD1570 Date 10/12/97

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	0	3	4"	PVC	40
Middle Casing (for triple cased wells only)	N/A				
Outer Casing (largest diameter)	N/A				
Open Hole or Screen (No. Used)	3	18	4"	Pvc slotted	20
Blank Casings (No. Used)	N/A				
Tail Piece	N/A				
Gravel Pack	2	18	12"	#2 sand	
Grout	0	2	12"	Neat Cement Bentonite	16 lbs.

Grouting Method premix
Drilling Method HSA

GEOLOGIC LOG

Note each depth where water was encountered in consolidated formations.

0"-6" asphalt

6"-18' Reddish brn clay
lite shale
trace cobble

New Jersey Department of Environmental Protection

Bureau of Water Allocation

MONITORING WELL RECORD

Well Permit No. 25 51364

Atlas Sheet Coordinates 25 32 484

DWR-138M
11/96

OWNER IDE
Address _____
City _____

WELL LOCA
County _____
Address _____

TYPE OF WE
Regulatory P

CONSULTIN

WELL CO

Total depth drill
Well finished to

Borehole diam
Top
Bottom

Well was finish

If finished above

up) above lan

Was steel prot

☐ Yes ☒ No

Static water le

Water level wa

Well was deve

at 1/2

Method of de

Was permane

Pump capaci

Pump type: _____

Drilling Fluid

Health and S

Level of Prot

I certify
accord

Drilling Cor

Well Driller

Driller's Sig

Registratio

LOCATION - Owner COMBRI AND FARMS INC.

777 DEDHAM ST.

CANTON

State MA

Zip Code _____

N - If not the same as owner please give address. Owner's Well No. MW4

Municipality PARITAN BORO

Lot No. 1

Block No. 117

1201 OLD YORK RD.

DATE WELL STARTED 9/30/97
DATE WELL COMPLETED 9/30/97

(as per Well Permit Categories) MONITORING

Program Requiring Well UST

Case I.D.# 97-04-03-113627

FORM/FIELD SUPERVISOR (if applicable) _____ Tele. # _____

INSTRUCTION

18 ft.
18 ft.

12 in.
12 in.

☐ above grade
☒ below mounted

radius casing height (stick
surface _____ ft.

ve casing installed?

after drilling 11 ft.

measured using tape

ed for .5 hours
gpm

pment manho

pumping equipment installed? ☐ Yes ☒ No

N/A gpm

N/A

N/A Type of Rig A300

ty Plan submitted? ☐ Yes ☒ No

on used on site (circle one) None D C B A

I have constructed the above referenced well in
with all well permit requirements and applicable
State rules and regulations.

by GARY PARENT/SHORE DELG. INC.

by Gary Parent

by Gary Parent

by MD1540 Date 10.12.97

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	<u>0</u>	<u>3</u>	<u>4"</u>	<u>PVC</u>	<u>40</u>
Middle Casing (for triple cased wells only)	<u>N/A</u>				
Outer Casing (largest diameter)	<u>N/A</u>				
Open Hole or Screen (No. Used)	<u>3</u>	<u>18</u>	<u>4"</u>	<u>PVC slotted</u>	<u>20</u>
Blank Casings (No. Used)	<u>N/A</u>				
Tail Piece	<u>N/A</u>				
Gravel Pack	<u>2</u>	<u>18</u>	<u>12"</u>	<u>#2 sand</u>	
Grout	<u>0</u>	<u>2</u>	<u>12"</u>	<u>Neat Cement Bentonite</u>	<u>16</u> lbs.

Grouting Method fromie
Drilling Method HSP

GEOLOGIC LOG

Note each depth where water was encountered in consolidated formations.

0"-6" asphalt

6"-18' reddish brn clay
light shale

trace cobble

MONITORING WELL RECORD

Well Permit No. 25 43819
Atlas Sheet Coordinates 25 : 32 : 494OWNER IDENTIFICATION - Owner ROCHE BIOMEDICAL LABORATIAddress 1 JOHNSON DRIVECity RARITANState NJ

Zip Code _____

WELL LOCATION - If not the same as owner please give address.

Owner's Well No. MW-1County SOMERSETMunicipality RARITAN BOROLot No. 4.01 Block No. 62Address 20 Johnson Dr.TYPE OF WELL (as per Well Permit Categories) MONITORINGDate well completed 9/13/93Regulatory Program Requiring Well USTCase I.D. # 93-04-23-1222CONSULTING FIRM/FIELD SUPERVISOR (if applicable) L-B-GTele. # 201-818-0700

WELL CONSTRUCTION

Total depth drilled 14 ft.Well finished to 14 ft.

Borehole diameter:

Top 8 in.Bottom 8 in.Well was finished: ☐ above grade☒ flush mountedFinished above grade, casing
height (stick up) above land
surface - ft.

Was steel protective casing installed?

☐ Yes ☒ NoStatic water level after drilling 5' ft.Water level was measured using TapWell was developed for 1 hours at 5 gpmMethod of development PumpWas permanent pumping equipment installed? ☐ Yes ☒ NoPump capacity 1/4 gpmPump type: 1/4Drilling Method Air RotaryDrilling Fluid - Type of Rig Mob B-8UName of Driller Don Grahamer JrHealth and Safety Plan submitted? ☒ Yes ☐ NoLevel of Protection used on site (circle one) None (D) C B AN.J. License No. M-1212Name of Drilling Company SUMMIT WELL DRILLING

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	1.5	4	4	PVC Sch 40
Outer Casing (Not Protective Casing)	-			
Screen (Note slot size)	4	14	4	PVC .020
Tail Piece	-			
Gravel Pack	3	14		Moine #2
Annular Seal/Grout	0	3		Portland-Pellets
Method of Grouting	Gravity			

GEOLOGIC LOG

(Copies of other geologic logs and/or
geophysical logs should be attached.)see
attachedI certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
state rules and regulations.Driller's Signature Don Grahamer JrDate 9-28-93



2544D Morningside Dr.
West Columbia, SC 29169
Telephone: (803) 739-9853
Toll Free: (800) 242-6648
FAX: (803) 796-9698

25. A3819



○

Drilled by: Don Grahmer, Jr.

DWL-138 M
11/98



New Jersey Department of Environmental Protection
Bureau of Water Allocation
MONITORING WELL RECORD

137

Well Permit No. 25 - 55980

Atlas Sheet Coordinates 25 - 32 - 495

OWNER IDENTIFICATION - Owner RPC INC
Address 8 EMERY AVE 2ND FLOOR
City RANDOLPH State NJ Zip Code

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW5
County SOMERSET Municipality RARITAN BORO Lot No. ROW Block No. ROW
Address FIRST AVE @ ROUTE 202

DATE WELL STARTED 4/ 18/ 00
DATE WELL COMPLETED 4/ 18/ 00

TYPE OF WELL (as per Well Permit Categories) MONITORING
Regulatory Program Requiring Well UST Case I.D.# 93-08-28-1122

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Phoenix Environmental Management Tele. #

WELL CONSTRUCTION

Total depth drilled 20' ft.
Well finished to 20' ft.

Borehole diameter:
Top 8" in.
Bottom 8" in.

Well was finished: ☐ above grade
☒ flush mounted

Well finished above grade, casing height (stick
above land surface ft.

Was steel protective casing installed?
☐ Yes ☒ No

Static water level after drilling 8' ft.

Water level was measured using Tape

Well was developed for 1/2 Hour hours
at 1 gpm

Method of development Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity gpm

Pump type:

Drilling Fluid Type of Rig Gus Pech

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None (D) C B A

*I certify that I have constructed the above referenced well in
accordance with all well permit requirements and applicable
State rules and regulations.*

Drilling Company SUMMIT WELL DRILLING CO INC

Well Driller (Print) Steve Yotcoski

Driller's Signature Steve Yotcoski

Registration No. J1622 Date 4 / 21 / 00

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	0'	5'	4"	PVC	Sch. 40
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	5'	20'	4"	PVC	.020 Sch. 40
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack	3'	20'		Morie #2	
Grout	0'	3'		Neat Cement Bentonite	94 lbs. 5 lbs.

Grouting Method gravity
Drilling Method Air Rotary

GEOLOGIC LOG

Note each depth where water was encountered in consolidated
formations.

See Attached



Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
Telephone: (908) 722-4266
Toll Free: (800) 242-6648
FAX: (732) 356-1009
http://www.summitdrilling.com
email: info@summitdrilling.com

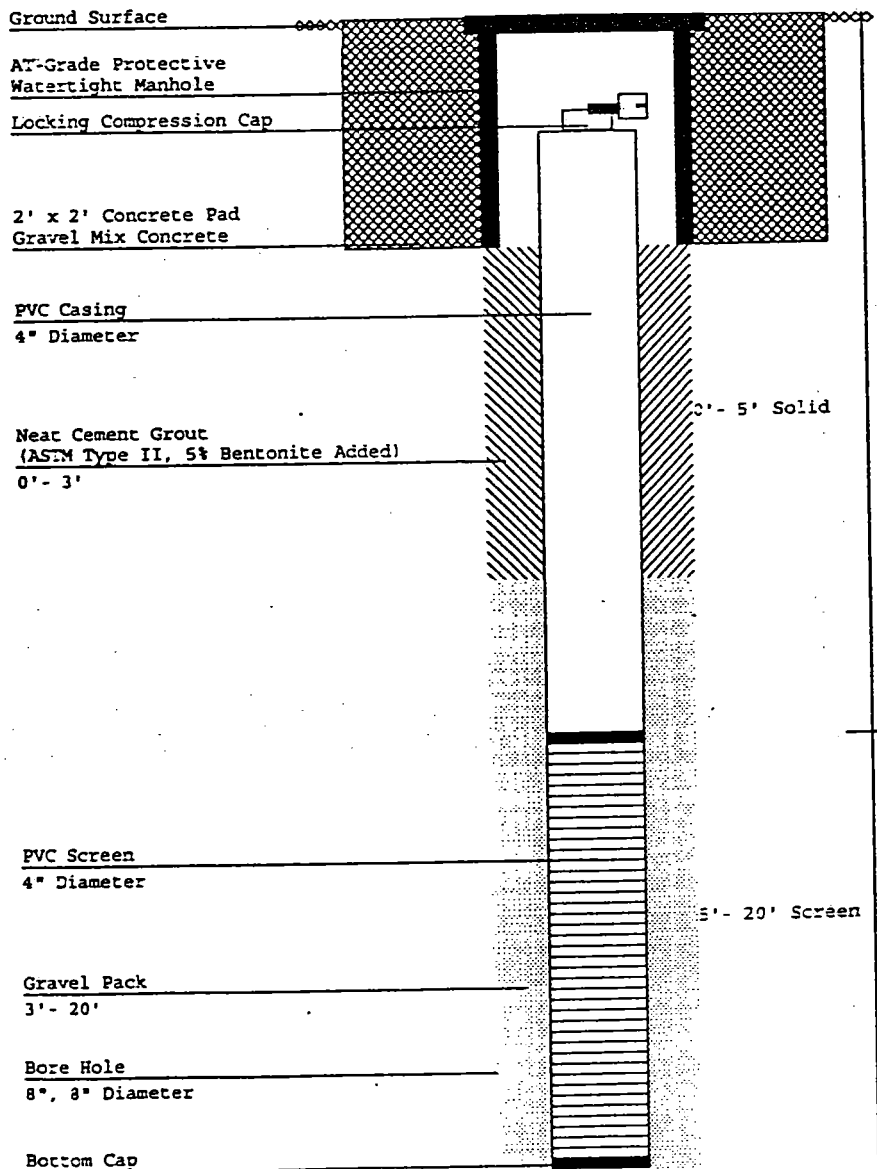
WELL LOG

WELL: MW5 DATE DRILLED: 04/18/2000 COORD #1: 25.32.495 PERMIT #1: 25-55980
COORD #2: PERMIT #2: COUNTY: Somerset
SITE: ROW / Median, First Avenue @ Route 202, , Raritan, NJ
OWNER: RPC Inc., 8 Emery Avenue- 2nd Floor, , Randolph, NJ 07869 XSTREET:
USE: Monitoring
INNER CASING: PVC OUTER CASING: SCREEN TYPE 1: PVC
DIAMETER: 4" DIAMETER: SCREEN TYPE 2:
LENGTH: 5' LENGTH: DIAMETER: 4"
LENGTH 1: 15'
LENGTH 2:
SLOT SIZE: .020
SET WELL: 20' GAL PER MIN: 1 CASING SEAL: Portland
GRAVEL PK SZ: Morie #2 STAT H2O LVL: 8' OPEN HOLE:
DRILLER: Steve Yotcoski DEVELOPMENT METHOD: Pump
SURFACE COMPLETION: M DEVELOPMENT TIME: 1/2 Hour

DEPTH BELOW BLOWS PER 6"
SURFACE ON SAMPLER
FROM -- TO

REMARKS / SOILS IDENTIFICATION

0'- 2' Grass & top soil.
2'- 5' Red-brown silty clay.
5'- 5'6" Yellow-brown silty clay some fine sand.
5'- 7' Weathered rock.
20' Red shale.





New Jersey Department of Environmental Protection

Bureau of Water Allocation
MONITORING WELL RECORD

Well Permit No. 25 -55981

Atlas Sheet Coordinates 25 32 495

OWNER IDENTIFICATION - Owner RPC INC
Address 8 EMERY AVE 2ND FLOOR
City RANDOLPH State NJ Zip Code

WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW6
County SOMERSET Municipality RARITAN BORO Lot No. ROW Block No. ROW
Address FIRST AVE @ ROUTE 202

DATE WELL STARTED 4/ 18/ 00
DATE WELL COMPLETED 4/ 18/ 00

TYPE OF WELL (as per Well Permit Categories) MONITORING
Regulatory Program Requiring Well UST Case I.D.# 93-08-28-1122

CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Phoenix Environmental Management Tele. #

WELL CONSTRUCTION

Total depth drilled 18' ft.
Well finished to 18' ft.

Borehole diameter:
Top 8" in.
Bottom 8" in.

Well was finished: ☐ above grade
☒ flush mounted

If finished above grade, casing height (stick
above land surface ft.

was steel protective casing installed?
☐ Yes ☒ No

Static water level after drilling 8' ft.

Water level was measured using Tape

Well was developed for 1/2 Hour hours
at 1 gpm

Method of development Pump

Was permanent pumping equipment installed? ☐ Yes ☒ No

Pump capacity gpm

Pump type:

Drilling Fluid Type of Rig Gus Pech

Health and Safety Plan submitted? ☒ Yes ☐ No

Level of Protection used on site (circle one) None (D) C B A

*I certify that I have constructed the above referenced well in
accordance with all well permit requirements and applicable
State rules and regulations.*

Drilling Company SUMMIT WELL DRILLING CO INC

Well Driller (Print) Steve Yotcoski

Driller's Signature Steve Yotcoski

Registration No. 01622 Date 4 / 21 / 00

Note: Measure all depths from land surface	Depth to Top (ft.)	Depth to Bottom (ft.)	Diameter (inches)	Material	Wgt./Rating (lbs/sch no.)
Single/Inner Casing	0'	3'	4"	PVC	sch. 40
Middle Casing (for triple cased wells only)					
Outer Casing (largest diameter)					
Open Hole or Screen (No. Used)	3'	18'	4"	PVC	.020 sch. 40
Blank Casings (No. Used)					
Tail Piece					
Gravel Pack	3'	18'		Morie #2	
Grout	0'	3'		Neat Cement Bentonite	<u>94</u> lbs. <u>5</u> lbs.

Grouting Method gravity
Drilling Method Air Rotary

GEOLOGIC LOG

Note each depth where water was encountered in consolidated
formations.

See Attached

MONITORING WELL RECORD

Well Permit No. 25 42105
Atlas Sheet Coordinates 25 32 497OWNER IDENTIFICATION - Owner RARITAN, BOROUGH OF
Address 22 FIRST ST.
City RARITAN State NJ Zip Code 08869WELL LOCATION - If not the same as owner please give address. Owner's Well No. MW-1
County Somerset Municipality RARITAN BORO Lot No. 10 Block No. 91
Address _____TYPE OF WELL (as per Well Permit Categories) MONITORING Date well completed 10/20/92
Regulatory Program Requiring Well UST Case I.D. # _____
CONSULTING FIRM/FIELD SUPERVISOR (if applicable) Melick-Tully Tele. # _____

WELL CONSTRUCTION

Total depth drilled 23' ft.Well finished to 23' ft.

Borehole diameter:

Top 8" in.Bottom 8" in.Well was finished: ☐ above grade☒ flush mountedIf finished above grade, casing
height (stick up) above land
surface _____ ft.

Was steel protective casing installed?

☐ Yes ☐ NoStatic water level after drilling 18'6" ft.

Water level was measured using _____

Well was developed for _____ hours at _____ gpm

Method of development _____

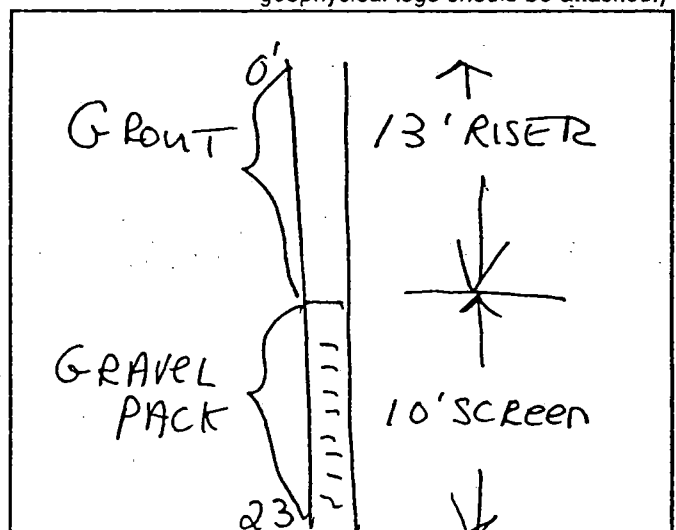
Was permanent pumping equipment installed? ☐ Yes ☒ NoPump capacity 1 gpm

Pump type: _____

Drilling Method AugerDrilling Fluid _____ Type of Rig Mayhew 500Name of Driller Victor AimarHealth and Safety Plan submitted? ☐ Yes ☒ NoLevel of Protection used on site (circle one) None (D) C B AN.J. License No. 1321Name of Drilling Company WARREN GEORGE INC.

	Depth to Top (ft.) [From land surface]	Depth to Bottom (ft.)	Diameter (inches)	Type and Material
Inner Casing	0'	13'	4"	SCH 40 PVC
Outer Casing (Not Protective Casing)	N/A	—	—	—
Screen (Note slot size)	13'	23'	4"	.020 SLOT
Tail Piece	N/A	—	—	—
Gravel Pack	13'	23'	—	#2 Morie Sand
Annular Seal/Grout	0'	13'	—	Cement/Bentonite
Method of Grouting	Tremie			

GEOLOGIC LOG

(Copies of other geologic logs and/or
geophysical logs should be attached.)I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable
State rules and regulations.Driller's Signature Victor AimarDate 11/10/92



Chimney Rock Road, Bldg. 9W
Bound Brook, NJ 08805
Telephone: (908) 722-4266
Toll Free: (800) 242-6648
FAX: (732) 356-1009
http://www.summitdrilling.com
email: info@summitdrilling.com

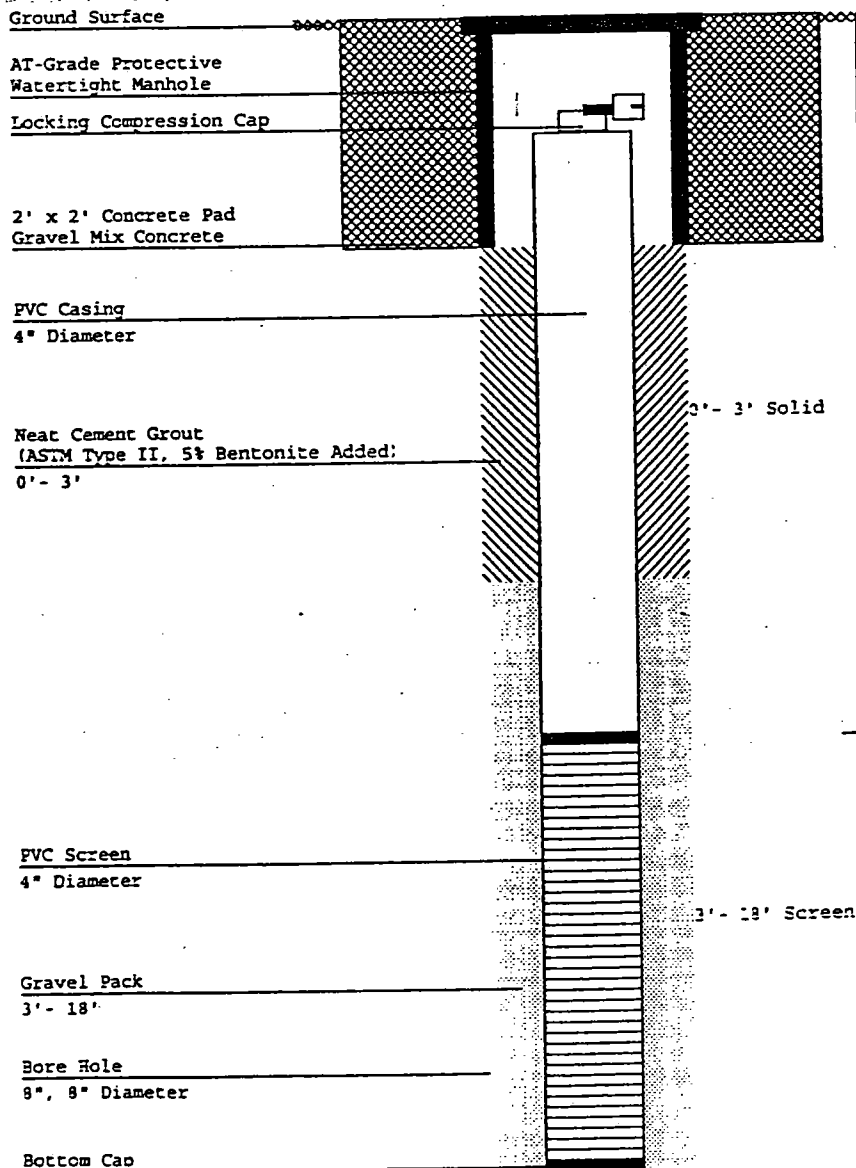
WELL LOG

WELL: MW6 DATE DRILLED: 04/18/2000 COORD #1: 25.32.495 PERMIT #1: 25-55981
COORD #2: PERMIT #2: COUNTY: Somerset
SITE: ROW / Median, First Avenue @ Route 202, , Raritan, NJ X-Street:
OWNER: RPC Inc., 8 Emery Avenue- 2nd Floor, , Randolph, NJ 07869 USE: Monitoring
INNER CASING: PVC OUTER CASING: SCREEN TYPE 1: PVC DRILLING METHOD: Air Rotary
DIAMETER: 4" DIAMETER: SCREEN TYPE 2: SAMPLING METHOD:
LENGTH: 3' LENGTH: DIAMETER: 4" HOLE DIA: 8", 8"
SET WELL: 18' GAL PER MIN: 1 LENGTH 1: 15' TOTAL DEPTH: 18'
GRAVEL PK SZ: Morie #2 STAT H2O LVL: 8' LENGTH 2: SLOT SIZE: .020
DRILLER: Steve Yotcoski DEVELOPMENT METHOD: Pump CASING SEAL: Portland
SURFACE COMPLETION: M DEVELOPMENT TIME: 1/2 Hour OPEN HOLE:

DEPTH BELOW BLOWS PER 6"
SURFACE ON SAMPLER
FROM - TO

REMARKS / SOILS IDENTIFICATION

0'- 2' Grass & top soil.
2'- 4' Red-brown silty clay.
4'- 5' Yellow-brown silty clay some fine sand.
8' Weathered rock.
18' Red shale.



25-32-497

170

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

Permit No. 25-15829
Application No. _____
County _____

WELL RECORD

25-32-497

25.15829

1. OWNER Ed Chandler
T/A Raritan Industrial Park ADDRESS Bound Brook, N. J.
Owner's Well No. _____ SURFACE ELEVATION _____ Feet
(Above mean sea level)
2. LOCATION Johnson Drive, Raritan, N. J., Somerset County
3. DATE COMPLETED 8/12/71 DRILLER Somerville Well Drilling Co.
4. DIAMETER: top _____ Inches Bottom 8 Inches TOTAL DEPTH 310' Feet
5. CASING: Type Steel Diameter 8 Inches Length 51' Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range in Depth { Top _____ Feet
Bottom _____ Feet Geologic Formation RL
- Tail piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date 8/12/71 Yield 200 Gallons per minute
Static water level before pumping 35' Feet below surface
Pumping level 150' feet below surface after 1 hours pumping
Drawdown _____ Feet Specific Capacity _____ Gals. per min. per ft. of drawdown
How Pumped Air How measured wire weir
Observed effect on nearby wells none
9. PERMANENT PUMPING EQUIPMENT:
Type Submersible Mfrs. Name Reda
Capacity 60 G.P.H. How Driven Elec. H.P. 20 R.P.H. 3500
Depth of Pump in well 189 Feet Depth of Footplace in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Industrial AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER Good Sample: Yes _____ No. _____
Taste Good Odor none Color clear Temp. _____ °F
12. LOG Red Shale Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
- SOURCE OF DATA I. & P. Elec. & Mach. Co. and Somerville Well Drilling Co.
14. DATA OBTAINED BY _____ Date 4/7/72

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements etc.)

25.32.497

Application No. 25-15829

Mail to
STATE GEOLOGIST
P.O. BOX 1949
TRENTON, N.J. 08628

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER POLICY AND SUPPLY
TRENTON, N. J.

Make Checks Payable to
DIVISION OF WATER POLICY & SUPPLY

APPLICATION FOR PERMIT TO DRILL WELL

Application must be accompanied by a legal fee of three dollars (\$3.00).

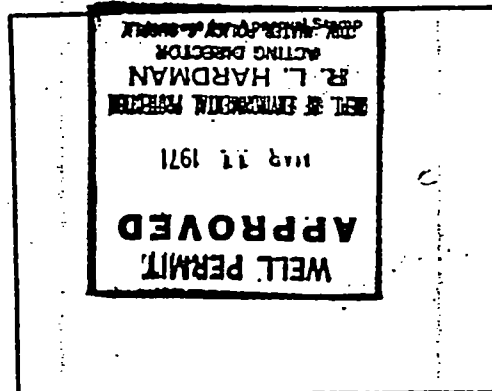
Ed Chandler (Print or Type)
Owner/T/A Raritan Industrial Park Driller
Somerville Well Drilling Co.
972 Highway 202
Somerville, New Jersey 08876
Address Hillcrest Rd Addre:
Bound Brook, N. J.

In compliance with R. S. 58:4A-14, application is made for a permit to drill a well in

Raritan Somerset Use of well Industrial
(municipality) (county) (semi-public, domestic, industrial, public supply, test, etc.)
Diameter of Well 8 inches Proposed Depth of Well 250 Feet
Proposed Capacity of Pump 60 GPM GPM Method of Drilling Rotary
(cable tool, rotary, jet, etc.)
Show Location on Back of this Sheet.
Date Signature of Owner Ed Chandler

1. The issuance of a permit to drill this well conveys no rights, either expressed or implied, to divert water.
2. If the pump capacity applied for is less than 70 gpm, no subsequent increase to 70 gpm or more shall be made without prior approval of the Division.
3. In the event this well is abandoned, the Owner will assume full responsibility for plugging or sealing it in the manner satisfactory to the Division, in accordance with provisions of R. S. 58:4A-4.1.
4. A permit to drill this well will be valid for one year from date of approval.
5. If this well is to be used for domestic or semi-public supply it must be constructed in accordance with provisions of "Standards for the Construction of Water Supply Systems for Realty Improvements (Revised 1966)" and be approved by the local Board of Health.

- ☐ Samples of cuttings required every _____
- ☐ No samples of cuttings required



25-157829

Chandler

LOCATION OF WELL

Draw sketch showing distance and relations of well site to nearest public roads, streets, etc.

State Atlas Map No. 25

North

West

South

JOHNSON DRIVE
RABBITAN, N.J.

RECEIVED
MAY 11 11 30 AM '71
GEOLOGY
AND
TOPOGRAPHY

DWR 135 M
6-89New Jersey Department of Environmental Protection
Division of Water Resources

MONITORING WELL RECORD

Well Permit No. SW-125-2
Atlas Sheet Coordinates 25 32 400

OWNER IDENTIFICATION - Owner

Address RARITAN ASSOCIATES
City 919 THIRD AVE (18TH FLOOR) State NY Zip Code NEW YORKWELL LOCATION - If not the same as owner please give address. Owner's Well No. 11W-3
County Somerset Municipality RARITAN BORO Lot No. 4.01 Block No. 62
Address 5 Johnson Drive, Raritan, NJTYPE OF WELL (as per Well Permit Categories) Monitoring Date well completed 5 / 1 / 90
Regulatory Program Requiring Well MONITORING Case I.D. # NACONSULTING FIRM/FIELD SUPERVISOR (if applicable) RECON SYSTEMS, INC. Tele. # (201) 782-5900

WELL CONSTRUCTION

Total depth drilled 82 ft.Well finished to 82 ft.

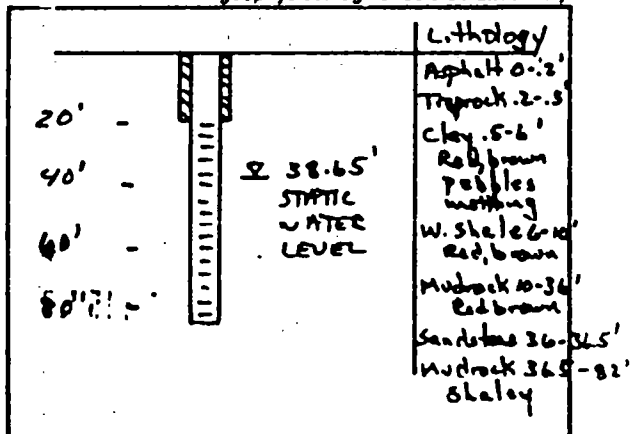
Borehole diameter:

Top 10 in.Bottom 6 in.Well was finished: ☐ above grade
☒ flush mountedIf finished above grade, casing
height (stick up) above land
surface ft.

Was steel protective casing installed?

☐ Yes ☒ NoStatic water level after drilling 38.65 ft.Water level was measured using Electric tapeWell was developed for 1 hours at 5 gpmMethod of development Submersible pumpWas permanent pumping equipment installed? ☐ Yes ☒ NoPump capacity gpmPump type: _____Drilling Method Var RotaryDrilling Fluid Water Type of Rig Simco 2800Name of Driller Stephen E. LoneyHealth and Safety Plan submitted? ☐ Yes ☒ NoLevel of Protection used on site (circle one) None ☒ C ☐ B ☐ AN.J. License No. 1380Name of Drilling Company RECON SYSTEMS, INC.

GEOLOGIC LOG (Copies of other geologic logs and/or geophysical logs should be attached.)



I certify that I have drilled the above-referenced well in accordance with all well permit requirements and all applicable State rules and regulations.

Driller's Signature

Stephen E. LoneyDate 6-25-90

RECON SYSTEMS, INC.
THREE BRIDGES, NJ

MONITORING WELL NO. DW-1

25-32-498

PERMIT NO. 25-36125-2

SHEET 1 OF 2

JOB NO.		CLIENT		PROJECT LOCATION	
1639		RARITAN		RARITAN, NJ	
LOCATION OF WELL		SE CORNER OF PROPERTY		ELEVATION AND DATUM	
				APPROX. 100' ABOVE MSL	
DRILLING CONTRACTOR		DRILLER		INSPECTOR	
RECON SYSTEMS		CAE		MDW	
DRILLING RIG TYPE		BIT TYPE		DATE STARTED	
SIMCO 2800 MUD ROTARY		6" O.D.		4-24-90	
SAMPLER TYPE		HAMMER		DATE COMPLETED	
		DROP		5-1-90	
		WEIGHT		TOTAL DEPTH	
				82'	
SAMPLE				WATER LEVEL	
				38.0'	

SAMPLE NO.	LITH TYPE	DEPTH FT.	W	LITHOLOGY	WELL CONSTRUCTION
			A		
			T		
			E		
			R		
				0-0.2' ASPHALT	FLUSH MOUNT MANHOLE
				0.2-0.5' TRAPROCK	8 INCH ID.
		4		0.5-6.0' CLAY	MASTER LOCK #2010
				few pebbles	6 INCH LOCKING CAP
				dry, roots	STEEL CASING :
		8		red to brown color	6 INCH ID.
				gray mottling	SCHEDULE 40
				6.0-10.0' W. SHALE	0-20.0'bg
		12		red to brown color	CEMENT GROUT :
				10.0-36.0' MUDROCK	0-20.0'bg
				shaley mudstone	10 INCH DIAMETER
		16		red to brown color	BOREHOLE TO 20.0'bg
					6 INCH DIAMETER
		20			OPEN BOREHOLE FROM:
					20.0-82.0'bg
		24			
		28			
		32			
		36		36.0-36.5' SANDSTONE	
				zone of difficult	
				drilling	
		40		sandstone stringer	
				w/grains cemented	
				together	
		44		36.5-82.0' MUDROCK	
				shaley mudstone	
				red to brown color	
		48			

RECON SYSTEMS, INC.
THREE BRIDGES, NJ

25 32498

MONITORING WELL NO. DW-1

PERMIT NO. 25-36125-2

SHEET 2 OF 2

JOB NO. 1639	CLIENT RARITAN	PROJECT LOCATION RARITAN, NJ	
LOCATION OF WELL SE CORNER OF PROPERTY		ELEVATION AND DATUM APPROX. 100' ABOVE MSL	
DRILLING CONTRACTOR RECON SYSTEMS	DRILLER CAE	INSPECTOR MDW	
DRILLING RIG TYPE SIMCO 2800 MUD ROTARY	BIT TYPE 6" O.D.	DATE STARTED 4-24-90	DATE COMPLETED 5-1-90
SAMPLER TYPE	HAMMER DROP WEIGHT	TOTAL DEPTH 82'	WATER LEVEL 38.0'

SAMPLE NO.	LITH TYPE	DEPTH FT.	WATER LEVEL	LITHOLOGY	WELL CONSTRUCTION
		52			
		56			
		60			
		64			
		68			
		72			
		76			
		80			
		84			
		88			
		92			
		96			

Suspected depth of first water

Stopped drilling at 82'
cuttings filled to 76.9'

192

25-32-722

FORM 87

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

Permit No. 25-6930
Application No. _____
County _____

WELL RECORD

25-32-722

1. OWNER William Stormann ADDRESS R.D. 3 Somerville, N.J.
Owner's Well No. _____ SURFACE ELEVATION 70 Feet
(Above mean sea level)
2. LOCATION 24° 38' 59" 40° 33' 52"
3. DATE COMPLETED Aug 7, 1957 DRILLER Anthony Dinunzi
4. DIAMETER: top 6 Inches Bottom 1 Inches TOTAL DEPTH 140 Feet
5. CASING: Type Regular Diameter 6 Inches Length 23 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range { Top _____ Feet Geologic Formation _____
Bottom _____ Feet
- Tail piece. Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY _____ Gallons per Minute at _____ Feet above surface
Water rises to _____ Feet above surface
8. RECORD OF TEST: Date Aug 7, 1957 Yield 10 Gallons per minute
Static water level before pumping 30 Feet below surface
Pumping level 57 feet below surface after 1 hours pumping
Drawdown 27 Feet Specific Capacity 4 Gals. per min. per ft. of drawdown
How Pumped Bailer How measured Bailer
Observed effect on nearby wells None
9. PERMANENT PUMPING EQUIPMENT: Not installed by Driller
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.H. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Depth of Meter on Pump _____
10. USED FOR Residence AMOUNT Average 200 Gallons Daily
Maximum 500 Gallons Daily
11. QUALITY OF WATER Good Sample: Yes _____ No ✓
Taste None Odor None Color None Temp. 49 °F
12. LOG All Shale Are samples available No
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA Self
14. DATA OBTAINED BY Self Date Aug 7, 1957

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements etc.)

DEPARTMENT OF CONSERVATION
AND ECONOMIC DEVELOPMENT
DIVISION OF WATER POLICY & SUPPLY

WELL RECORD

25,32,723 1

Permit No. 25-10,144
Application No. _____
County _____

25-32-723

1. OWNER Dominick Foti ADDRESS Old York Rd., Bradley Gardens, N.J.
Owner's Well No. 25-10,144 SURFACE ELEVATION 110 Feet
(Above mean sea level)
2. LOCATION Front
3. DATE COMPLETED Aug. 7, 1961 DRILLER G & S WELL DRILLING CO.
4. DIAMETER: top 8 Inches Bottom 6 Inches TOTAL DEPTH 170 Feet
5. CASING: Type Steel Diameter 6 Inches Length 45 Feet
6. SCREEN: Type _____ Size of Opening _____ Diameter _____ Inches Length _____ Feet
Range in Depth { Top _____ Feet Geologic Formation _____
Bottom _____ Feet
- Tail piece: Diameter _____ Inches Length _____ Feet
7. WELL FLOWS NATURALLY 10 Gallons per Minute at 55 Feet above surface
Water rises to 20 Feet above surface
8. RECORD OF TEST: Date Aug. 7, 1961 Yield 10 Gallons per minute
Static water level before pumping 20 Feet below surface
Pumping level 55 feet below surface after 3 1/2 hours pumping
Drawdown 35 Feet Specific Capacity 10 Gals. per min. per ft. of drawdown
How Pumped Test Pump How measured Cable
Observed effect on nearby wells _____
9. PERMANENT PUMPING EQUIPMENT:
Type _____ Mfrs. Name _____
Capacity _____ G.P.M. How Driven _____ H.P. _____ R.P.M. _____
Depth of Pump in well _____ Feet Depth of Footpiece in well _____ Feet
Depth of Air Line in well _____ Feet Type of Meter on Pump _____ Size _____ Inches
10. USED FOR Domestic AMOUNT { Average _____ Gallons Daily
Maximum _____ Gallons Daily
11. QUALITY OF WATER _____ Sample: Yes _____ No _____
Taste _____ Odor _____ Color _____ Temp. _____ °F
12. LOG Red Shell Are samples available? _____
(Give details on back of sheet or on separate sheet. If electric log was made, please furnish copy)
13. SOURCE OF DATA G & S WELL DRILLING CO.
14. DATA OBTAINED BY G & S WELL DRILLING CO. Date Aug. 10, 1961

(NOTE: Use other side of this sheet for additional information such as log of materials penetrated, analysis of the water, sketch map, sketch of special casing arrangements etc.)

APPENDIX W

Mann-Whitney U Test Results

Mann-Whitney U Test Calculation Example
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

The following is an example of the Mann-Whitney statistical evaluation performed on monitoring well MW-34 from 1999 through 2000.

The U statistic was evaluated as specified in Chapter 26E Appendix C of the *New Jersey Technical Requirements for Site Remediation* as follows:

1. The test was applied to eight consecutive quarters of analytical data for each individual contaminant in each individual monitoring well.
2. For each quarter of data, the concentration of the specific contaminant was annotated with either a "b" for the most recent four quarters or an "a" for the four quarters from the previous 12 month period.
3. The eight contaminant concentrations were vertically arranged, with notations, in order of increasing value.
4. For each individual "a" concentration, the number of "b" concentrations that occur below that "a" concentration were counted.
5. The four values were added to determine the "U" value
6. Since 2 or more concentrations were identical in this example, two vertical columns were necessary. The first column ranked the "a" concentration first. The second column ranked the "b" concentration first. An interim "U" was calculated for each column. The average of the interim values is the actual "U".

The hypotheses were tested as follows:

1. If "U" is 3 or less, the null hypothesis is rejected, and it is concluded, with at least 90 percent confidence, that the concentration of the individual contaminant has decreased with time at the specific monitoring well.
- 2.. If "U" is greater than 3, the null hypothesis is accepted, and it cannot be concluded, with 90 percent or greater confidence, that the concentration for the individual contaminant has decreased with time at the specific monitoring well.

Note: in cases where values were not detected above the proper detection limits, a value of "zero" was utilized in the calculations.

Mann-Whitney U Calculation for trichloroethene in monitoring well MW-34

Year	Quarter	MW-34
		Trichloroethene
1999	1	430
	2	320
	3	490
	4	560

2000	1	225
	2	320
	3	260
	4	340

1999-2000	Decrease
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Annotation	Ranking	Interim "U" Calculation	Ranking	Interim "U" Calculation
430a	225b	=2	225b	=1
320a	260b		260b	
490a	320a		320b	
560a	320b		320a	
	340b	=0	340b	=0
225b	430a		430a	
320b	490a		490a	
260b	560a		560a	
340b		2+0+0+0=2		1+0+0+0=1

average of interim "U" calculation = $(2+1) / 2 = 1.5$
U = 1.5

Mann-Whitney U Test Results for MW-14
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

Year	Quarter	MW-14			
		Benzene	1,1-Dichloroethene	Trichloroethene	Vinyl Chloride
1996*	1	3.8	7.2	59	30
	2	4.9	6.2	58	20
	3	5.8	4.7	62	19
	4	4.5	7.1	51	36

1997	1	4.2	5.8	52	21
	2	4.2	5.9	47	22
	3	4.1	6.4	48	24
	4	2.9	4.4	42	18

1996-1997	Decrease	No decrease	Decrease	No decrease
-----------	----------	-------------	----------	-------------

1998	1	1.2	0	13	3.2
	2	5.4	5.0	48	21
	3	5.2	3.6	40	19
	4	4.2	3.8	42	22

1997-1998	No decrease	Decrease	Decrease	No decrease
-----------	-------------	----------	----------	-------------

1999	1	2.9	2.4	29	9.6
	2	4.1	5.0	51	17
	3	6.4	4.8	50	25
	4	2.2	4.7	22	21

1998-1999	No decrease	No decrease	No decrease	No decrease
-----------	-------------	-------------	-------------	-------------

2000	1	0.8	4.7	39	2.5
	2	1.6	2.4	23	15
	3	2.5	2.1	38	9.8
	4	3.3	2.4	41	6

1999-2000	Decrease	Decrease	No decrease	Decrease
-----------	----------	----------	-------------	----------

*: First quarter data is from November 1995.

Decrease: It can be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

No decrease: It can not be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

Note: All concentrations are in micrograms per liter (ug/l)

Mann-Whitney U Test Results for MW-15
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

Year	Quarter	MW-15	
		Benzene (ug/L)	Vinyl Chloride (ug/L)
1998	1	1	1.8
	2	0	0
	3	0	0
	4	0	0

1999	1	0	0
	2	0	0
	3	1.9	1.8
	4	0	0

1998-1999	No decrease	No decrease
-----------	-------------	-------------

Decrease: It can be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

No decrease: It can not be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

Note: All concentrations are in micrograms per liter (ug/l)

Mann-Whitney U Test Results for MW-16
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

Year	Quarter	MW-16			
		Benzene	Tetrachloroethene	Trichloroethene	Vinyl Chloride
1996	1	33	3.3	4.1	0
	2	28	6.8	6.1	0.8
	3	100	7.1	8.9	4.2
	4	6.3	4.0	4.2	2.4
1997	1	44	6.9	6.5	2.3
	2	31	10	7.3	2
	3	210	7.9	10	8.9
	4	21	6.7	7.8	6
1996-1997		No decrease	No decrease	No decrease	No decrease
1998	1	40	8.0	7.6	4
	2	27	14.0	10	4.8
	3	19	15.0	8.3	7.9
	4	7.5	2.5	2.6	4.4
1997-1998		Decrease	No decrease	No decrease	No decrease
1999	1	66	8.5	8.7	10
	2	25	8.5	7.6	9.4
	3	7.9	4.3	5.9	7.9
	4	18	3.0	5.0	0
1998-1999		No decrease	No decrease	No decrease	No decrease
2000	1	0	2.2	3.7	1.7
	2	1.6	1.7	3.6	4.3
	3	4.6	0	2.6	3.7
	4	5.6	2.0	3.2	2.6
1999-2000		decrease	decrease	decrease	No decrease

--: Not calculated.

Decrease: It can be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

No decrease: It can not be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

Note: All concentrations are in micrograms per liter (ug/l)

Mann-Whitney U Test Results for MW-20
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

Year	Quarter	MW-20		
		Benzene	Chloroform	Trichloroethene
1996	1	0	170	2.5
	2	0	10	2
	3	9	10	15
	4	6	10	10

1997	1	4	54	9
	2	0	340	5
	3	2.9	14	9.5
	4	5.9	17	13

1996-1997	No decrease	No decrease	No decrease
-----------	-------------	-------------	-------------

1998	1	4.6	15	10
	2	0	70	9.9
	3	5	2	13
	4	3	5.9	9

1997-1998	No decrease	No decrease	No decrease
-----------	-------------	-------------	-------------

1999	1	2	7	8
	2	0	27	1
	3	1.8	9.2	9.1
	4	0	190	7.2

1998-1999	Decrease	No decrease	Decrease
-----------	----------	-------------	----------

2000	1	0	115	4.3
	2	1.4	47	6.9
	3	1.4	130	3.7
	4	0	47	2.7

1999-2000	No decrease	No decrease	No decrease
-----------	-------------	-------------	-------------

Decrease: It can be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

No decrease: It can not be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

Note: All concentrations are in micrograms per liter (ug/l)

Mann-Whitney U Test Results for MW-21
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

Year	Quarter	MW-21
		Trichloroethene
1996	1	19
	2	19
	3	29
	4	23

1997	1	18
	2	20
	3	20
	4	25

1996-1997	No decrease
-----------	-------------

1998	1	28
	2	16
	3	15
	4	31

1997-1998	No decrease
-----------	-------------

1999	1	20
	2	25
	3	30
	4	20

1998-1999	No decrease
-----------	-------------

Decrease: It can be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

No decrease: It can not be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

Note: All concentrations are in micrograms per liter (ug/l)

Mann-Whitney U Test Results for MW-23
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

Year	Quarter	MW-23
		Tetrachloroethene (ug/L)

1998	1	0.7
	2	1.3
	3	0.6
	4	0.5

1999	1	0.7
	2	0.3
	3	0.6
	4	0

Decrease: It can be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

No decrease: It can not be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

Note: All concentrations are in micrograms per liter (ug/l)

Mann-Whitney U Test Results for MW-26
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

Year	Quarter	MW-26	
		Tetrachloroethene	Trichloroethene
1996	1	6	1
	2	20	2
	3	16	2
	4	20	2

1997	1	18	2
	2	23	2
	3	23	3
	4	18	2

1996-1997	No decrease	No decrease
-----------	-------------	-------------

1998	1	33	3.2
	2	19	2
	3	17	1.8
	4	15	2

1997-1998	No decrease	No decrease
-----------	-------------	-------------

1999	1	9.6	1
	2	17	1.8
	3	16	1.8
	4	20	2.2

1998-1999	No decrease	No decrease
-----------	-------------	-------------

Decrease: It can be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

No decrease: It can not be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

Note: All concentrations are in micrograms per liter (ug/l).

Mann-Whitney U Test Results for MW-27
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

Year	Quarter	MW-27
		Trichloroethene
1996	1	92
	2	120
	3	120
	4	120

1997	1	100
	2	110
	3	130
	4	140

1996-1997	No decrease
-----------	-------------

1998	1	100
	2	110
	3	110
	4	190

1997-1998	No decrease
-----------	-------------

1999	1	100
	2	120
	3	87
	4	100

1998-1999	Decrease
-----------	----------

Decrease: It can be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

No decrease: It can not be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

Note: All concentrations are in micrograms per liter (ug/l)

Mann-Whitney U Test Results for MW-28
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

Year	Quarter	MW-28	
		Trichloroethene	Vinyl Chloride
1996	1	2	0
	2	26	11
	3	27	9
	4	24	10
1997	1	22	7
	2	18	3.6
	3	11	1.6
	4	20	4.8
1996-1997		No decrease	No decrease
1998	1	18	5.7
	2	17	2.9
	3	13	2.6
	4	18	4.3
1997-1998		No decrease	No decrease
1999	1	10	2.3
	2	10	1.3
	3	9.9	2.7
	4	8.8	1.8
1998-1999		Decrease	Decrease
2000	1	6.6	1
	2	4.4	0
	3	5	0
	4	3.2	0
1999-2000		Decrease	Decrease

Decrease: It can be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

No decrease: It can not be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

Note: All concentrations are in micrograms per liter (ug/l)

Mann-Whitney U Test Results for MW-28D
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

Year	Quarter	MW-28D	
		Tetrachloroethene	Trichloroethene
1996	1	0	29
	2	1	1.1
	3	3	1.2
	4	6	1.3

1997	1	3	1
	2	5	1
	3	2.1	1.1
	4	6	1.2

1996-1997	No decrease	Decrease
-----------	-------------	----------

1998	1	8	1.5
	2	4.2	1.2
	3	5.2	1.2
	4	4.8	1.7

1997-1998	No decrease	No decrease
-----------	-------------	-------------

1999	1	3.8	0.9
	2	5.4	1.1
	3	4.6	1
	4	3.1	1

1998-1999	No decrease	Decrease
-----------	-------------	----------

2000	1	4.3	0.81
	2	5.2	0.9
	3	5.4	0
	4	4.9	0

1999-2000	No decrease	Decrease
-----------	-------------	----------

Decrease: It can be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

No decrease: It can not be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

Note: All concentrations are in micrograms per liter (ug/l)

Mann-Whitney U Test Results for MW-34
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

Year	Quarter	MW-34
		Trichloroethene
1999	1	430
	2	320
	3	490
	4	560

2000	1	225
	2	320
	3	260
	4	340

1999-2000	Decrease
-----------	----------

Decrease: It can be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

No decrease: It can not be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

Note: All concentrations are in micrograms per liter (ug/l)

Mann-Whitney U Test Results for MW-35
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

Year	Quarter	MW-35	
		Chloroform	Trichloroethene
1999	1	1800	170
	2	1100	200
	3	1200	130
	4	3300	360
2000	1	1190	154
	2	770	52
	3	500	62
	4	170	67
1999-2000		Decrease	Decrease

Decrease: It can be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

No decrease: It can not be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year.

Note: All concentrations are in micrograms per liter (ug/l)

Mann-Whitney U Test Results for MW-36
Ortho-Clinical Diagnostics, Inc.
Raritan, New Jersey

Year	Quarter	MW-36
		Trichloroethene
1999	1	46000
	2	34000
	3	49000
	4	30000
2000	1	11800
	2	56000
	3	15000
	4	39000
1999-2000		No Decrease

Decrease: It can be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year

No decrease: It can not be concluded, with 90% or greater confidence, that the concentration of a volatile organic compound during the year is less than the concentration during the previous year

Note: All concentrations are in micrograms per liter (ug/l).
Unable to perform analysis on tetrachloroethene due to detection limits greater than criteria.